

SAMHSA FASD Center for Excellence Form C Client Satisfaction

This form is a follow-up to the SAMHSA FASD Center for Excellence Screening and Brief Intervention or Project CHOICES program to record the level of your satisfaction with the program. To protect your privacy, your name and any other individually identifying information will not be reported to SAMHSA. It is important to us to obtain this information to maintain and improve the quality of our services; however, your participation is voluntary.

| | | |
|--|--|--------------------------|
| | Client ID _____ | Agency Name _____ |
| | Date _____/_____/_____ Month Day Year | |

| | | | | | |
|--|--|----------------|-----------|---------|--------------|
| All Women Record at End of Program | 1. Program completed: <input type="checkbox"/> SBI <input type="checkbox"/> Project CHOICES | | | | |
| | 2. How satisfied have you been with the program? | | | | |
| | | Very Satisfied | Satisfied | Neutral | Dissatisfied |
| | 5 | 4 | 3 | 2 | 1 |
| | Comments: _____ | | | | |

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0302. Public reporting burden for this collection of information is estimated to average 1 minute per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.