**PATIENT SATISFACTION SURVEY**

**WOODROW WILSON KEEBLE MEMORIAL HEALTH CARE CENTER**

**Behavioral Health Department**

*The Behavioral Health Department kindly asks you to complete this survey. Please check the boxes that best indicate your opinion and place the form in the suggestion box. Your responses will help us improve patient services.*

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Behavioral Health Services | Strongly  Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The behavioral health staff was professional, courteous, and friendly. |  |  |  |  |  |
| I was able to receive an appointment within the time I requested. |  |  |  |  |  |
| The therapist/counselor involved me in the decisions about my treatment plan. |  |  |  |  |  |
| I have a reduction in the problem(s) I was experiencing before entering counseling. |  |  |  |  |  |
| I am satisfied with the services provided by the behavioral health staff. |  |  |  |  |  |
| What did you like best about your visit to behavioral health? | | | | | |
| What can we do to improve behavioral health services? | | | | | |