

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: _____

<i>Behavioral Health Services</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
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?					

We appreciate your comments – Thank You!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRPC, 5600 Fishers Lane, Rockville, MD 20857, Attention: Information Collections Clearance Officer.

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