

# Standardized Services Satisfaction

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Start of Block: Informed Consent

OMB CONTROL NUMBER: 0704-0553  
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## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 2 minutes per response, 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

### Q1

This survey is being conducted by Behavioral Programs to understand more about your experiences with various services. Your responses will be used to help improve our services.

Your participation in this survey is important but voluntary. Your command nor the installation Behavioral Programs will be given access to your individual responses. Your responses are anonymous and will be kept confidential. Responses will be combined and grouped with those received from other participants.

You may skip any questions or chose to end the survey at any time. The survey should take you approximately 2 - 3 minutes to complete. We sincerely appreciate your participation and thank you for your valuable time.

If you have any questions or concerns about this survey, please contact [behavioral.programs.research@usmc.mil](mailto:behavioral.programs.research@usmc.mil).

This survey has been approved by the USMC Human Research Protection Program and Survey Control Office [survey control number: USMC-XX-XXXX].

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End of Block: Informed Consent

Start of Block: Demographics

Q2 For which services are you providing feedback?

☐ Substance Assessment and Counseling Program (SACP) (1)

☐ Community Counseling Program (CCP) (2)

☐ Family Advocacy Program (FAP) (3)

☐ Sexual Assault Response and Prevention Program (SAPR) (4)

☐ New Parent Support Program (NPSP) (5)

☐ Other (Please list) (6) \_\_\_\_\_

Q2.a Did you receive virtual (teletherapy, telehealth) or in-person services?

- ☐ Virtual (1)
- ☐ In-person (2)
- ☐ Both (3)
- ☐ Unsure (4)

Q3 At what installation did you receive services?

- ☐ MCLB Albany (1)
- ☐ MCB Camp Butler/Okinawa (2)
- ☐ MCAS Cherry Point (3)
- ☐ MCB Camp Elmore/Norfolk (4)
- ☐ MCB Hawaii (5)
- ☐ Henderson Hall (6)
- ☐ Marine Barracks, 8th & I (7)
- ☐ MARFORRES (8)
- ☐ MCAS Iwakuni (9)
- ☐ MCB Camp Lejeune (10)
- ☐ MCAS New River (11)
- ☐ MCAS Miramar (12)
- ☐ MCLB Barstow (13)

☐ MCB Camp Pendleton (14)

☐ MCB Quantico (15)

☐ MCRD San Diego (16)

☐ MCAS Beaufort (17)

☐ MCRD Parris Island (18)

☐ MCAGCC 29 Palms (19)

☐ MWTC Bridgeport (20)

☐ MCAS Yuma (21)

☐ MCRC (22)

☐ Other (please specify) (23)

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Q4 How did you hear about this service?

- ☐ Supervisor (1)
  - ☐ Friend (2)
  - ☐ Colleague (3)
  - ☐ Spouse/partner (4)
  - ☐ Command (5)
  - ☐ Flyer/Brochure/Sign (6)
  - ☐ Email (7)
  - ☐ Social Media (8)
  - ☐ Event (9)
  - ☐ Other (please specify) (10)
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End of Block: Demographics

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Start of Block: Satisfaction



Q5 Please rate your level of agreement or disagreement with each of the following statements

	Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Agree (5)	N/A (6)
Scheduling an appointment was easy (1)	0	0	0	0	0	0
I received an initial appointment within two weeks of requesting one (2)	0	0	0	0	0	0
I received an initial appointment on a date and time that was convenient for me (3)	0	0	0	0	0	0
The environment was comfortable (4)	0	0	0	0	0	0
I was treated with respect and professionalism (5)	0	0	0	0	0	0
My provider understood and helped me process my situation (6)	0	0	0	0	0	0
The subject matter we discussed was related to my concerns (7)	0	0	0	0	0	0
Appointments with my provider were useful to my situation (8)	0	0	0	0	0	0
My provider has helped me to identify solutions to my needs/problems (9)	0	0	0	0	0	0

I believe my appointments have helped me (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would return for services if needed/desired (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend these services to others (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Satisfaction

Start of Block: End



Q6 How satisfied are you with your overall experiences with this service?

- ☐ Not at all satisfied (1)
- ☐ Only slightly satisfied (2)
- ☐ Satisfied (3)
- ☐ Extremely satisfied (4)

Q7 Is there anything else you would like to share to help us improve our services?

End of Block: End