Our mission at the UCLA Behavioral Wellness Center is to provide our patients with the highest quality health care. In order to achieve this, we would like to know what we are doing right and what needs improvement. We depend on our patients to keep us informed.

By sharing your thoughts and feelings about your health care experience, you can help us make our care better for future patients. Please take a few moments to complete the attached patient satisfaction survey and return it to the box in the waiting room. Feel free to express your opinions. Your response is confidential.

Thank you, and please accept our best wishes for your good health.

Sincerely,

The Behavioral Wellness Center Team

Once this form is complete, please email it to bwc@mednet.ucla.edu, or fax it to our secure and confidential line, (310) 206-2072.

OUTPATIENT BEHAVIORAL HEALTH SATISFACTION SURVEY

OUTPATI ENT BEHAVIORAL HEALTH SATISFACTION SURVEY
We thank you in advance for completing this questionnaire. When you have finished, please place in lock box.

Today's Date: _____

BACKGROUND QUESTIONS

1. Referred by: _____
2. Informed of your rights including confidentiality? ☐Yes ☐No
3. Is this your first use of this outpatient treatment program? ☐Yes ☐No
4. How long have you been in this program? _____
5. How many visits did you have with your psychologist or therapist? _____
6. How frequently were you seen by your psychologist or therapist? _____
7. How many visits did you have with your psychiatrist? _____
8. How frequently were you seen by your psychiatrist? _____
9. Date treatment began: _____ (Month) / _____ (Day) / _____ (Year)
10. Date treatment ended: _____ (Month) / _____ (Day) / _____ (Year)
11. Gender: _____
12. Age: _____

REGISTRATIION AND SCHEDULING

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Speed of registration process	☐	☐	☐	☐	☐
2. Courtesy of the person who helped you register	☐	☐	☐	☐	☐
3. Ease of getting an appointment	☐	☐	☐	☐	☐
4. Convenience of appointment times	☐	☐	☐	☐	☐

Comments: _____

OUTPATIENT TREATMENT AREA

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Cheerfulness of treatment area	☐	☐	☐	☐	☐
2. Cleanliness of treatment area	☐	☐	☐	☐	☐
3. Privacy of treatment area	☐	☐	☐	☐	☐
4. Comfort level in and around treatment area	☐	☐	☐	☐	☐

Comments: _____

_____

PSYCHIATRIC SERVICES

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Time physician spent with you	☐	☐	☐	☐	☐
2. How well you were informed about your medication	☐	☐	☐	☐	☐
3. Courtesy of physician	☐	☐	☐	☐	☐

Comments: _____

_____

THERAPEUTIC SERVICES

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Degree to which outpatient therapy was helpful	☐	☐	☐	☐	☐
2. Therapist's concern for your questions and worries	☐	☐	☐	☐	☐
3. Degree to which therapist understood you and your needs	☐	☐	☐	☐	☐
4. How well therapist kept you informed about your treatment	☐	☐	☐	☐	☐
5. Degree to which you built rapport with therapist	☐	☐	☐	☐	☐

Comments: _____

_____

COMPLETION OF SERVICES

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Extent to which you felt ready to terminate with your therapist	☐	☐	☐	☐	☐
2. Information provided regarding your medication	☐	☐	☐	☐	☐
3. Information regarding follow up recommendations	☐	☐	☐	☐	☐
4. Instructions on what to do if experiencing problems related to your condition (when to seek help, who to call, etc.)	☐	☐	☐	☐	☐

Comments: _____

_____

SOME PERSONAL ISSUES

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. Staff concern for your privacy	☐	☐	☐	☐	☐
2. Degree to which staff addressed your emotional/spiritual needs	☐	☐	☐	☐	☐
3. Response to concerns/complaints made during your treatment	☐	☐	☐	☐	☐
4. Degree to which you felt involved in decisions made about your treatment	☐	☐	☐	☐	☐

Comments: _____

_____

OVERALL ASSESSMENT OF THE CENTER

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. How well the staff worked together	☐	☐	☐	☐	☐
2. Cheerfulness of the center	☐	☐	☐	☐	☐
3. Degree to which you feel that your condition has improved as a result of the service received through this center	☐	☐	☐	☐	☐
4. Overall rating of caregiving at this center	☐	☐	☐	☐	☐
5. Likelihood of recommending this center to others	☐	☐	☐	☐	☐

Comments: _____

_____