



Facility ID

2 4 9

Service Code

Inpatient  Residential  Child  Adolescent  Adult  Older Adult (65+)

Date completed (mm/dd/yyyy)

Completed By  Patient  Parent/Guardian  Other

DOVER BEHAVIORAL HEALTH

Acute/Residential Satisfaction Survey

Your care and comfort is important to us and we continually want to improve our services. You can help us by taking a moment and completing this confidential survey. Please place an X in the box below your answer and feel free to add comments or suggestions.

Strongly Agree (smiley face), Agree (neutral smile), Neutral (neutral face), Disagree (frowny face), Strongly Disagree (sad face)

Table with 16 rows of survey questions and 5 columns of response options (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree).

Is there a staff member whom you would like to see congratulated or thanked for the care he or she provided?

Do you have a comment or suggestion on how your stay could have been better?

