



Facility ID

2 4 9

PHP IOP OP Child Adolescent Adult Older Adult (65+)

Date completed (mm/dd/yyyy)

/ /

Completed By Patient Parent/Guardian Other

DOVER BEHAVIORAL HEALTH

Outpatient 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 Agree Neutral Disagree Strongly Disagree (with smiley faces)

Table with 14 rows of survey questions and 5 columns of response options (Strongly Agree to 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?

