

**SIL**  
**Consumer Satisfaction Survey Results**  
**1998-2013**

Individuals were asked to circle a number between 1 and 5, with 1 being not satisfied, 3 being mostly satisfied, and 5 being very satisfied

YEAR OF SURVEY: NUMBER OF SURVEYS:	1998 25	1999 25	2000 28	2002 26	2003 48	2004 43	2005 41	2006 56	2007 24	2008 20	2009 40	2010 31	2011 26	2012 41	2013 25	ALL 499
	Average of Responses															
1. Did you receive services at this program when you needed them'	3.96	3.84	4.64	4.31	4.29	4.19	3.90	4.07	4.04	4.05	4.38	4.39	4.85	4.24	4.68	4.26
2. Were you seen as promptly as you felt necessary'	3.76	3.56	4.39	4.15	4.13	4.09	3.97	4.02	4.21	3.90	4.40	4.39	4.81	4.23	4.68	4.18
3. Did you like the services provided by this program'	4.39	3.92	4.54	4.38	4.51	4.30	4.12	4.05	4.13	4.10	4.35	4.48	4.69	4.49	4.64	4.34
4. Did the staff include you when planning your treatment or services'	4.04	4.00	4.68	4.27	4.17	3.93	4.05	4.05	3.96	4.00	4.13	4.39	4.68	4.20	4.56	4.21
6. Did you feel respected by the staff'	3.83	3.88	4.64	4.32	4.40	4.26	4.18	4.02	4.33	3.85	4.36	4.52	4.68	4.33	4.52	4.27
7. Did the staff respect your culture, values, and traditions'	4.00	4.08	4.61	4.32	4.54	4.12	4.23	4.16	4.39	4.00	4.40	4.47	4.62	4.30	4.56	4.32
8. Did the staff speak with you in your preferred language'	4.52	4.22	4.75	4.71	4.77	4.38	4.32	4.37	4.52	4.45	4.35	4.55	4.81	4.65	4.76	4.54
9. Did you agree with the services or treatment provided'	3.88	3.71	4.57	4.31	4.49	4.21	4.00	4.11	4.33	4.05	4.40	4.35	4.58	4.33	4.76	4.27
10. Do you understand more about your health problems than before coming to this program?	4.24	4.28	4.26	4.12	4.23	4.12	4.13	4.16	4.30	4.16	4.25	4.32	4.69	4.13	4.25	4.24
11. Do you understand more about your medication than before coming to this program'	4.00	3.87	4.07	3.88	4.29	4.14	4.05	4.09	4.13	3.84	4.30	4.39	4.58	4.18	4.24	4.14
12. Are you satisfied with the follow-up services provided for you'	4.00	4.00	4.63	4.35	4.48	4.40	4.05	4.15	4.17	4.05	4.30	4.39	4.73	4.31	4.56	4.30
13. Overall, are you satisfied with the quality of services you received	4.08	4.12	4.64	4.31	4.50	4.30	4.23	4.16	4.29	4.16	4.40	4.49	4.73	4.28	4.68	4.36
14. Do you feel that the program kept your problems confidential'	4.24	4.12	4.74	4.38	4.45	4.19	4.20	4.31	4.21	4.05	4.23	4.55	4.60	4.40	4.92	4.37
15. Did you seek mental health services to become	Definitely Yes = 5															
a. more independent and self sufficient	4.57	4.61	4.77	4.52	4.67	4.44	4.43	4.44	4.33	4.47	4.49	4.45	4.54	4.00	4.21	4.46
b. in better control of your life	4.38	4.70	4.78	4.57	4.66	4.47	4.46	4.50	4.40	4.29	4.62	4.61	4.66	3.91	4.32	4.49
c. less troubled and distressed	4.29	4.55	4.54	4.50	4.53	4.39	4.37	4.41	4.55	4.07	4.43	4.48	4.92	4.18	4.50	4.45
d. less confused	4.05	4.50	4.31	4.30	4.42	4.47	4.59	4.40	4.56	4.13	4.37	4.58	4.71	3.74	4.32	4.36
16. After completing the treatment program, do you feel:	Definitely Yes = 5															
a. more independent and self sufficient	4.19	4.38	4.40	4.17	4.30	4.41	4.31	4.13	4.29	3.87	4.06	4.42	4.44	3.97	4.13	4.23
b. in better control of life	4.11	4.13	4.44	4.19	4.10	4.28	4.31	4.21	4.38	4.20	4.13	4.39	4.42	3.94	4.10	4.22
c. less troubled and distressed	3.45	4.18	4.08	4.14	4.17	4.29	4.34	4.17	4.12	3.93	4.00	4.39	4.50	3.74	3.95	4.10
d. less confused	3.89	4.00	3.96	4.24	4.32	4.35	4.28	4.14	4.27	4.00	3.96	4.30	4.46	3.74	4.09	4.13