

**New York State Office of Alcoholism and Substance Abuse Services
Permanent Supportive Housing**

TENANT SATISFACTION SURVEY

1. How would you rate the quality of the services you received?

_____ Excellent _____ Good _____ Fair _____ Poor

2. Were you informed of your rights and responsibilities in this program? _____ Yes _____ No

3. Did you participate in the development of your service plan? _____ Yes _____ No

4. Did the services you received help you make positive changes? _____ Yes _____ No

5. To what extent did our services help you deal with your drug and alcohol problems?

_____ A lot _____ Some _____ A little

6. To what extent did our staff help you develop skills that improved your ability to live independently?

_____ A lot _____ Some _____ A little

7. Would you recommend this program to a friend in need of help? _____ Yes _____ No

8. How would you rate the physical comfort and safety of your apartment?

_____ Excellent _____ Good _____ Fair _____ Poor

9. How helpful were the following services that you received?

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|-----------------------------|-------|-----------|-------|------|-------|----------|-------|------------|
| a. Substance Abuse Services | _____ | Extremely | _____ | Very | _____ | Somewhat | _____ | Not at all |
| b. Mental Health Services | _____ | Extremely | _____ | Very | _____ | Somewhat | _____ | Not at all |
| c. Medical Services | _____ | Extremely | _____ | Very | _____ | Somewhat | _____ | Not at all |
| d. Daily Living Skills | _____ | Extremely | _____ | Very | _____ | Somewhat | _____ | Not at all |
| e. Assistance with Benefits | _____ | Extremely | _____ | Very | _____ | Somewhat | _____ | Not at all |
| f. Job Placement | _____ | Extremely | _____ | Very | _____ | Somewhat | _____ | Not at all |

Comments:
