

OREGON PROBLEM GAMBLING SERVICES - SEMI-ANNUAL
SATISFACTION SURVEY

Thank you for completing this survey. The information you provide is anonymous and very important in helping us to evaluate the usefulness of the services that are being provided to you. The information you provide will be combined with information from a large number of other consumers into reports in a manner that your individual identity can not be identified.

The survey should take between 8 and 12 minutes to complete.

1. Date: _____

2. Age: _____

3. Gender: ___ Male ___ Female

4. Race/Ethnicity: (Check all that apply)

01 ___ White (Non-Hispanic)

08 ___ Hispanic (Cuban)

02 ___ Black (Non-Hispanic)

09 ___ Other Hispanic

03 ___ Native American

10 ___ Southeast Asian

04 ___ Alaskan Native

11 ___ Native Hawaiian/Other Pacific
Islander

05 ___ Asian

12 ___ Other Race/Ethnicity

06 ___ Hispanic (Mexican)

07 ___ Hispanic (Puerto Rican)

5. How long ago did you enroll in counseling for issues related to problem gambling?

01 ___ One month or less

02 ___ Two to four months

03 ___ More than four months

6. Are you a family member of a problem gambler and enrolled in the Family Program?

01 ___ Yes

02 ___ No

7. What is the highest grade level you have completed in school?

01 ___ Years completed

02 ___ GED

Please complete page two of this survey.

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Satisfaction

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always
?	Don't Know/ Doesn't Apply

8.	1	2	3	4	5	?	Services received from the program are helpful.
9.	1	2	3	4	5	?	The location where the services are provided is convenient.
10.	1	2	3	4	5	?	The facility is appropriate for the services provided.
11.	1	2	3	4	5	?	The times that the services are available was convenient.
12.	1	2	3	4	5	?	My counselor is well prepared.
13.	1	2	3	4	5	?	I am treated with dignity and respect.
14.	1	2	3	4	5	?	The education materials provided are helpful. (Handouts, visual aids, etc.)
15.	1	2	3	4	5	?	My aftercare plan will be helpful.
16.	1	2	3	4	5	?	I am planning to follow my aftercare plan.
17.	1	2	3	4	5	?	I am planning to attend aftercare groups at the agency.
18.	1	2	3	4	5	?	The administrative staff are helpful.
19.	1	2	3	4	5	?	I feel that I was heard and understood by my counselor.
20.	1	2	3	4	5	?	I feel that we are working on issues that I want to work on.
21.	1	2	3	4	5	?	I feel my counselor's approach is a good fit for me.
22.	1	2	3	4	5	?	I feel the counseling I'm receiving is right for me.
23.	1	2	3	4	5	?	I feel my personal well-being is improving.
24.	1	2	3	4	5	?	I feel my relationships with family members are improving.
25.	1	2	3	4	5	?	I feel my work or school situation is improving.
26.	1	2	3	4	5	?	The problems that brought me to the program are improving.
27.	1	2	3	4	5	?	I would recommend the program services to others.

28.	What has been the most helpful part of the program so far?
29.	What has been the least helpful part of the program?
30.	Other comments or suggestions that would help improve the program.