

Denton County MHMR Center

Behavioral Health Satisfaction Survey

Below is a survey about the Behavioral Health services at Denton County MHMR. This survey will be used to enhance the quality of life for those we serve and their families. The information you provide will be reviewed. While this survey is optional, we would love to have your feedback.

Date: _____

Person Responding to Survey: ☐ Client Only ☐ Family Member ☐ Advocate ☐ Other _____

Do you have access to a smartphone and or/data? ☐ Yes ☐ No

Behavioral Health Services	Yes	No	N/A
Does your treatment team treat you with dignity and respect?			
Did someone help you understand your rights and expectation of confidentiality?			
Do you know how to report abuse, neglect, or exploitation?			
Overall, are you satisfied with the services provided by Denton County MHMR?			

Case Management	Yes	No	N/A
Has a case manager seen you for an appointment OR called to schedule you for an appointment within the last three months?			
Do you believe your Case Manager listens to your concerns?			
Did your Case Manager provide helpful referrals/resources to deal with your needs?			
Do you know who your Case Manager is and how to contact them?			
Does your Case Manager keep the appointments they schedule with you?			
Overall are you satisfied with the services provided by your Case Manager?			

Nursing	Yes	No	N/A
Do you believe the nurses listen to your concerns?			
If you called the nurse line, were you satisfied with your call back?			
When meeting with a nurse, were you given an opportunity to ask questions about your diagnosis, symptoms, side effects of medications, and general medication information?			
Overall are you satisfied with the services the Nursing Department provided?			

Please turn over to complete.

Other Departments	Yes	No	N/A
Do you feel that Consumer Benefits staff is helpful and effective?			
Did the Front Desk staff make you feel welcome?			
If you received Cognitive Behavioral Therapy(CBT) or Cognitive Processing Therapy (CPT) , were you satisfied with those services?			
If you receive Substance Use Disorder treatment, are you satisfied with those services?			

Doctors/Nurse Practitioner	Yes	No	N/A
Do you believe the Psychiatrist or Nurse Practitioner listened to your concerns?			
Did the Psychiatrist or Nurse Practitioner explain what symptoms were being treated with the medication that you were prescribed?			
When meeting with a Psychiatrist or Nurse Practitioner, were you given an opportunity to ask questions about your diagnosis, symptoms, side effects of medications, and general medication information?			
Overall, are you satisfied with the services from the Center Psychiatrist or Nurse Practitioner?			

Do our services meet your cultural needs? ☐ Yes ☐ No If no, please give ideas you'd like us to add:

Do our hours work for you? ☐ Yes ☐ No If no, please select the service(s) you would like additional availability for and list the days/times you would like for these services to be available.

☐ Psychiatrist/Nurse Practitioner ☐ Nurse ☐ Case Manager ☐ Counselor ☐ Other_____

What do you like about our services?

What would you like to see change about our services?

Please return this survey to the Denton County MHMR Center Rights Officer located at 2519 Scripture St., Denton Texas 76201 or in the survey collection sight in the front lobby.

The information you have provided will be followed up with and addressed with the appropriate department(s).

If you would like **follow-up** regarding any issues, please write your name and phone number below and you will be contacted by the Rights Officer.

Name: _____

Phone Number: _____