Treatment Perceptions Survey - 2026
Client Instructions

- The purpose of the survey is to find out how you feel about your early intervention/ treatment/ recovery support services at this program site so we can improve the quality of services you receive.

- Your participation in this survey is optional and will not affect the services you receive.

- The survey is completely confidential and anonymous. Please do not write your name on the form.

- Responses should be in black ballpoint pen; no pencils.

- Place your completed survey in the envelope provided and seal the envelope. Then place the sealed envelope in the collection box or large collection envelope provided at the program site.

- You can answer as many or as few questions as you are comfortable with, but your participation is valuable, and your answers are important in improving the quality of services you receive.

- If you decide not to fill out the survey, please write “Declined” across the top and place it in the collection box or large collection envelope provided at the program site.