

# MSCADS Client Survey

Please answer the following questions in order to assist us in evaluation our program and those in which you may have been sent for Alcohol and Drug Services. There is no need to list your name on this form and all information will be kept private.

My Case Manager (Probation Officer) was: \_\_\_\_\_

## General Questions

When appropriate answer the following questions using the following scale:

A – Strongly Agree    B- Agree    C- Neutral    D- Disagree    F-Strongly Disagree    N/A – Not Applicable

- \_\_\_ I feel that court program staff (Probation) were courteous and professional.
- \_\_\_ I was explained my rights, responsibilities, and the issue of confidentiality during my assessment.
- \_\_\_ I feel the assessment process was adequate to determine my needs.
- \_\_\_ I feel the level of services required was appropriate.
- \_\_\_ I understand what was expected for a successful completion of the program.
- \_\_\_ I feel that the staff provided adequate monitoring of my progress.
- \_\_\_ I feel that the facility housing the court program (Probation Office) was safe and provided adequate privacy.

## Service Questions

I was referred to: \_\_\_\_\_  
(Name of Agency that provided your services)

I was required to complete the following services (Circle all that apply):

None	Basic Education	Advanced Education	Marijuana Education
Self Help Meetings	Outpatient Treatment	Intensive Outpatient	Inpatient
Aftercare	Relapse Prevention	Other: _____	

When appropriate answer the following questions using the following scale:

A – Strongly Agree    B- Agree    C- Neutral    D- Disagree    F-Strongly Disagree    N/A – Not Applicable

- \_\_\_ I feel the instructor/counselor was knowledgeable
- \_\_\_ I feel the instructor/counselor helped me understand the information presented
- \_\_\_ I feel the agency staff were courteous and professional
- \_\_\_ I feel the class size was appropriate.
- \_\_\_ I feel the cost of the services I received was appropriate.
- \_\_\_ I feel the program I participated in will help me change my behaviors in the future.
- \_\_\_ I feel the handouts were helpful in my understanding of the material presented.
- \_\_\_ I feel any activities utilized were helpful in my understanding of the material presented.
- \_\_\_ I feel any videos shown were helpful in my understanding of the material presented.

My class/sessions had approximately how many participants (circle answer):    1    2-5    6-10    11-15    16-20    20+

I paid the following amount for services    \$ \_\_\_\_\_

Did you complete your program requirements successfully?    Yes    No

Have you stopped drinking or using drugs?    Yes    No

**If you have any additional comments you may list them on the back of this form.**

Once completed, you may return this form my dropping it off at any probation office, emailing it to [Anthony.Williams@indy.gov](mailto:Anthony.Williams@indy.gov) or mailing back to 200 East Washington Street, Suite T641, Indianapolis, IN 46204.

Oversight of this program is provided by the Indiana Judicial Center. If you have any concerns regarding this program, you may contact them at 317-232-1313 or 30 S. Meridian St., Suite 900, Indianapolis, 46024.