University of Florida • Department of Psychiatry • Division of Child & Adolescent Psychiatry North Central Florida Behavioral Health Hub

**Young Adult Satisfaction Survey (For Clients 18-21 Years)**

We would like to know how you feel about the services we provided so we can make sure we are meeting your needs. Your response will help us to improve our services. There is no right or wrong answer. We are asking for your honest opinions. In no way will your response affect your treatment here.

 Thank you for your time!

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For each statement, please circle the number that best describes your answer:** | **Strongly****Agree** | **Agree** | **Neither****Agree or****Disagree** | **Disagree** | **Strongly****Disagree** | **Does Not Apply** |
| I am satisfied with the services the UF Behavioral Health Hub provided to me. | 5 | 4 | 3 | 2 | 1 | N/A |
| I am comfortable completing the behavioral health screening questionnaire. | 5 | 4 | 3 | 2 | 1 | N/A |
| The UF Behavioral Health Hub responded to my need(s). | 5 | 4 | 3 | 2 | 1 | N/A |
| I am willing to work with the UF Behavioral Health Hub again if I need it. | 5 | 4 | 3 | 2 | 1 | N/A |

Comments:

**CMS Title V Behavioral Health Integration Program**