
ROSARY HALL - PATIENT QUESTIONNAIRE

Date: _____

Inpatient _____

Day Outpatient _____

Eve. Outpatient _____

In order for us to assess whether our program has been helpful in starting you on the road to recovery we would like you to give us some honest feedback by answering the following questions.

Please give your impression of the following areas of the program by circling your rating. Also write in any specific thoughts, feelings or suggestions on the lines provided.

1. **ORIENTATION.** (introduction to the program, explanation of rules)

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____

2. **INDIVIDUAL COUNSELING SESSIONS.** (frequency, availability, feedback on progress)

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____

3. **PRESENTATIONS.** (education about alcoholism / addiction, including films and lectures)

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

A Ministry of the Sisters of Charity Health System

NAME (Optional)

4. **ASSIGNED READING / HANDOUTS.** (educational material availability i.e. tapes, handouts, pamphlets)

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____



5. **RELAPSE.** (education on symptoms, prevention, triggers)

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____



6. **TASK GROUPS.**

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____



7. **TREATMENT PLAN.**

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____



8. **FAMILY PROGRAM.** (significant others informed about family program)

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____



9. **FAMILY PROGRAM.** (material presented was understandable, informative, beneficial)

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____

10. **CULTURAL COMPETENCY.** (Did staff and program meet your cultural needs?)

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____

11. **OVERALL HELPFULNESS AND AVAILABILITY OF STAFF.**

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____

12. **OVERALL TREATMENT EXPERIENCE.**

1 2 3 4 5 6 7 8 9 10
POOR FAIR GOOD EXCELLENT

Comments: _____

Please write in any specific thoughts, feelings or suggestions regarding the Rosary Hall Program on the lines below.



Would you recommend Rosary Hall to a friend or relative? YES NO Why?

