PERSON SERVED MONITORING INTERVIEW

CFC Interviewer: _____
Date: _____
Provider & Program: _____
Interviewee Name (Optional): _____

1. What Services are you receiving and for how long?
2. How are the services you are receiving helping you manage your symptoms and improve your life?
3. Do staff listen to you and consider your interests, values, and concerns as you make decisions about your treatment?
4. Does staff spend enough time with you to properly address your needs?
5. Is the location of services within 30 miles?
6. Did it take less than 60 minutes to travel to?
7. Are the date and time of your appointments convenient?
8. Is your privacy respected, and your information kept confidential?
9. Does the agency help you connect with other providers for services they do not offer? (Education, work, benefits application, hobbies, etc.)
10. Do you feel that staff inspire hope, help you become self-confidence, and believe in your ability to succeed in your recovery?
11. Are you comfortable raising concerns, and know how to file a complaint?
12. Is the facility/environment clean, comfortable, and safe?
13. Do you receive primary care services through (Provider Name)? If so, what services?
14. Would you like to provide any suggestions for improvement?