

Substance Abuse Program Client Feedback Form

Client Information

Name

Date

Email

Program Experience

How would you rate your overall experience in the program?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

Were the program goals and expectations clear to you?

- ☐ Yes
- ☐ No

Did you feel supported by the staff?

What aspect of the program was most helpful for you?

What improvements would you suggest for the program?

Additional Comments