PEOPLES DEVELOPMENT SERVICES
St. Paul Office: 665 Snelling Ave N, St Paul, MN
Minneapolis Office: 3617 E. Lake Street Ste A-3, Minneapolis, MN 55406
Phone: 612-332-9124 Fax: 612-332-9867 Email: contact@pdsminn.org
www.pdsminn.org

PDS Client Satisfaction & Rights Survey

Your feedback helps us improve our services and ensure your needs, rights, and privacy are respected. Please answer honestly. All responses are confidential.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Client Name: _____ Date: _____

Section 1 – Communication & Staff Support

1. My assigned staff contacts me at least once a week.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. My assigned staff listens to me when we meet.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. My assigned staff encourages me to make decisions about my services and my life.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. My assigned staff talks with me about my rights.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section 2 – Involvement in Services

5. I participate in my Plan of Care and can request changes or updates when needed.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I understand what abuse, neglect, and exploitation are.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I am able to call the office and file a complaint if my services are not going as planned.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section 3 – Quality of Services

8. The quality of the services I receive is excellent.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

9. The program meets my needs.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

10. I was satisfied with the amount of help I received.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

11. The services helped me deal more effectively with my problems.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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Section 4 – Overall Satisfaction

12. Overall, I am satisfied with the services I receive.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

13. If I need help again, I would return to this program.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

14. I would recommend this program to friends or family.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section 5 – Additional Feedback

15. I would like my case manager to be involved in the following concerns:

_____

_____

_____

_____

_____

Client Signature: _____ Date: _____

Program Staff Follow-Up Notes:

_____

_____

_____

Staff Name: _____ Date of Follow-Up: _____