## Sutton Place Behavioral Health, Inc. 60/90 DAY FOLLOW-UP SURVEY

ase	circle your response.		
	Were you greeted respectfully Yes	when you came in for services' No	? Not Applicable
	Were you satisfied with the am Yes	ount of time it took to get your No	first appointment? Not Applicable
	Did you feel that your case w how you might benefit from the		
	Yes	No	Not Applicable
	Are you satisfied with your prosince you stopped coming to Su	_	or substance abuse treatment
	Yes	No	Not Applicable
	Would you rate your services highly while you were here?		
	Yes	No	Not Applicable
	Have you been hospitalized or gone into an inpatient facility for a mental health or substandabuse issue since you left Sutton Place?		
	Yes	No	Not Applicable
	If yes, when, where, and for w	vhat?	
	Do you feel you are in need of		
	Yes	No	Not Applicable
	If yes, what services are needed and what is the action plan?		
	Is there anything you care to a		N. (A. 1' 11
	Yes	No	Not Applicable
	Additional comments:		
<b>:</b>		Clinician:	

Revised 06/11/08