

**Drug Treatment Court Program Evaluation  
Client Annual Survey**

Client's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please take a few minutes to fill out this questionnaire. The information you provide us will be kept anonymous, and will be used to identify ways to improve the drug treatment court program.

**Please answer the following questions on how helpful drug treatment and counseling has been to you personally during the past year or since you started drug treatment court. (Circle one answer per item)**

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HAS THE DRUG TREATMENT COURT BEEN USEFUL IN:		Not at all helpful	A little helpful	Quite helpful	Extremely helpful
1	Helping you to recognize thoughts and feelings that can lead you to use drugs	1	2	3	4
2	Helping you to deal with people or situations that can lead you to use drugs	1	2	3	4
3	Helping you to cope with cravings for drugs	1	2	3	4
4	Helping you to use drugs less often	1	2	3	4
5	Helping you to stay sober (in general)	1	2	3	4
6	Helping you to stay sober <b>BECAUSE</b> of the UA/BAC testing	1	2	3	4
7	Helping you to better manage your personal relationships (e.g., spouse, partner, family)	1	2	3	4
8	Helping you to stay employed or in school	1	2	3	4
9	Helping you to stay out of trouble with the law	1	2	3	4
10	Helping you recognize thoughts and feelings that can lead you to criminal behavior	1	2	3	4
11	Helping you to avoid getting probation violations	1	2	3	4
12	Helping you maintain a safe, and stable residence	1	2	3	4
13	Helping you manage money and finances more responsibly	1	2	3	4
14	Helping you establish positive friends/associates within the community	1	2	3	4
15	Helping you to identify thoughts and feelings related to mental health (if applicable)	1	2	3	4
16	Helping you to manage your mental health & medications (if applicable)	1	2	3	4

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Which thing about drug treatment court or your treatment has been most helpful to you?

1	<hr/> <hr/>
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Which thing about drug treatment court or your treatment has been least helpful to you?

2	<hr/> <hr/>
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Since your time in drug treatment court, how satisfied have you been with... (Circle one answer per item)

		Not at all satisfied	A little satisfied	Quite satisfied	Extremely satisfied
1	Your probation officer	1	2	3	4
2	Your Substance Abuse counselor	1	2	3	4
3	The drug treatment court judge	1	2	3	4
4	Other member(s) of the drug treatment court team (list below in space provided if you choose)				
	_____	1	2	3	4
	_____	1	2	3	4
5	Substance Abuse counseling sessions	1	2	3	4
6	Sessions with your PO	1	2	3	4
7	Drug treatment court sessions	1	2	3	4
8	Accomplishments being recognized or incentives (awards, prizes, events)	1	2	3	4
9	Fair sanctions/consequences given because of bad behavior	1	2	3	4
10	Your treatment, taken as a whole	1	2	3	4

Are there any services or information you feel you need from the drug treatment court or from a treatment provider that you have not received?

Yes (If so, please tell us what you would like to receive in the spaces provided below.)

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No, I am currently receiving all that I need.

Thank you for your participation!