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GUIDELINES

for Remote MHPSS Programming
in Humanitarian Settings

**Appendix H: Client Satisfaction
Scale: Remote MHPSS Services**

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Appendix H: Client Satisfaction Scale: Remote MHPSS Services

Date:	
Receiving remote MHPSS services since:	
Service provider(s) seen remotely:	
Remote service(s) received:	

Client Questionnaire

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies and practices of this program.

Please circle how well you think we are doing in the following areas:	Great 5	Good 4	OK 3	Fair 2	Poor 1
Ease of getting care					
Ease of access	5	4	3	2	1
Service hours	5	4	3	2	1
Convenience of remote modality	5	4	3	2	1
Staff					
Listen to me	5	4	3	2	1
Treat me with respect	5	4	3	2	1
Take enough time with me	5	4	3	2	1
Explain what I want to know	5	4	3	2	1
Provide useful services	5	4	3	2	1
Help me with referrals/receiving services from other organizations or providers	5	4	3	2	1
Help me improve functioning in my daily life	5	4	3	2	1
Help me in achieving my goals	5	4	3	2	1
Explain the instructions for prescribed medication (if relevant)	5	4	3	2	1
Confidentiality					
Keep my personal information private	5	4	3	2	1

	Very satisfied 5	Satisfied 4	Somewhat satisfied 3	Not satisfied 2	Very unsatisfied 1
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Overall Satisfaction

How satisfied are you overall with the remote MHPSS services received?	5	4	3	2	1
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Please include any other feedback you may have which may help us to improve how we provide remote MHPSS Services.