



CONFIDENTIAL OAAP SATISFACTION QUESTIONNAIRE

OAAP

lawyers helping lawyers

Your feedback is very important to us. It helps us evaluate our programs and our allocation of resources. Your comments will remain anonymous.

Program attorney who assisted you: _____

Reason for accessing OAAP (type of program or group): _____

How long have you been accessing the OAAP? _____

How did you hear about the OAAP? (*check all that apply*)

- Know an OAAP program attorney
- Referred by someone else
- Saw advertisement or brochure
- Heard about the OAAP at a CLE
- Read about the OAAP in the *In Sight*
- Other (please specify): _____

Are you aware that all communications with the OAAP are completely confidential and that no information about you will be provided to anyone, including the Oregon State Bar?

Yes No

Please indicate if you are aware that the OAAP provides assistance with the following issues:

Knew	Did Not Know	
<input type="checkbox"/>	<input type="checkbox"/>	Career transition and satisfaction
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol and chemical dependency
<input type="checkbox"/>	<input type="checkbox"/>	Depression, anxiety, and other mental health issues
<input type="checkbox"/>	<input type="checkbox"/>	Gambling addiction
<input type="checkbox"/>	<input type="checkbox"/>	Procrastination
<input type="checkbox"/>	<input type="checkbox"/>	Relationships
<input type="checkbox"/>	<input type="checkbox"/>	Stress management
<input type="checkbox"/>	<input type="checkbox"/>	Time management

(Continued on reverse side)

Please tell us your opinion about the following:

	<i>Very Satisfied</i>	<i>Satisfied</i>	<i>Somewhat Dissatisfied</i>	<i>Very Dissatisfied</i>
Reaching a program attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The confidentiality of your contact with the OAAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering your inquiry promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time between when you contacted the OAAP and when you met with an OAAP program attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program attorney's ability to explain information clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you were treated (i.e., patience, courtesy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information provided to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The resources provided to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The OAAP program attorney's follow up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your level of satisfaction with the OAAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the OAAP to others? Yes No

What other programs, services, or information would you like us to offer? _____

Comments, suggestions, additional feedback (use additional space if needed): _____

If you have other comments or feedback that you would like to share other than in this questionnaire, please call Barbara S. Fishleder, OAAP Executive Director, 503-684-7425 or Michael J. Sweeney, OAAP Assistant Program Director, 503-226-1057 ext 12 or 1-800-321-OAAP.

Thank you for taking the time to complete this questionnaire. **Please return questionnaire to OAAP Satisfaction Questionnaire, PO Box 1600, Lake Oswego, Oregon 97035 or fax to 503-684-7250.**