CONFIDENTIAL OAAP SATISFACTION QUESTIONNAIRE

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:

<table>
<thead>
<tr>
<th>Knew</th>
<th>Did Not Know</th>
</tr>
</thead>
</table>
| ☐    | ☐            | Career transition and satisfaction
| ☐    | ☐            | Alcohol and chemical dependency
| ☐    | ☐            | Depression, anxiety, and other mental health issues
| ☐    | ☐            | Gambling addiction
| ☐    | ☐            | Procrastination
| ☐    | ☐            | Relationships
| ☐    | ☐            | Stress management
| ☐    | ☐            | Time management

(Continued on reverse side)
**Please tell us your opinion about the following:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaching a program attorney</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The confidentiality of your contact with the OAAP</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Answering your inquiry promptly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The amount of time between when you contacted the OAAP and when you met with an OAAP program attorney</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Program attorney’s ability to explain information clearly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How you were treated (i.e., patience, courtesy)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The information provided to you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The resources provided to you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The OAAP program attorney’s follow up</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your level of satisfaction with the OAAP</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**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.**