

Drug Court Survey

Unique Client ID: _____ County: _____ State: _____
Date Completed: ____ / ____ / ____ Officer/Facilitator: _____

Please circle the number that best represents how much you **AGREE** or **DISAGREE** with each statement. Thank you for participating.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. This Journal focused on what I wanted to work on in my life.	1	2	3	4
2. This Journal focused on areas that were important to me.	1	2	3	4
3. This Journal helped me communicate better with the court system.	1	2	3	4
4. I plan to share this Journal with others.	1	2	3	4
5. I plan to keep this Journal.	1	2	3	4
6. I plan to continue to use this Journal in helping me make positive life changes.	1	2	3	4

Thank you for completing the survey. Your responses will help us develop other surveys to enhance the services provided to others under supervision.