



**PENN Behavioral Health  
Critical Incident Stress Management  
PROVIDER SATISFACTION SURVEY**

<b>Company Name:</b>		<b>Date:</b>
<b>Location:</b>	<b>Time:</b>	<b>Number of Participants:</b>
<b>Provider Name (Optional):</b>		
<b>Group Name (Optional):</b>		

PENN Behavioral Health is committed to improving the quality of services we deliver to our providers. Please assist us in our efforts by answering some questions about our network management. Your responses will help us to identify and meet your expectations. Thank you for your cooperation. Please check the box next to your response. **Upon completion of the survey, please submit via fax at 215-746-7454, or by mail to PENN Behavioral Health Corporate Services, 3535 Market Street 4<sup>th</sup> Floor, Philadelphia, PA 19104.**

<b>PRIOR TO THE CISD:</b>	<b>Yes</b>	<b>No</b>
1. The information regarding the incident was clear	<input type="checkbox"/>	<input type="checkbox"/>
2. The directions to the site were accurate	<input type="checkbox"/>	<input type="checkbox"/>
3. The site was prepared for the intervention	<input type="checkbox"/>	<input type="checkbox"/>
4. The group was readily engaged	<input type="checkbox"/>	<input type="checkbox"/>
5. The expectations were appropriate	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the **no** answers:

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<b>DURING THE CISD:</b>	<b>Yes</b>	<b>No</b>
1. There were barriers	<input type="checkbox"/>	<input type="checkbox"/>
2. There were conflicts	<input type="checkbox"/>	<input type="checkbox"/>
3. There were individual/group behaviors of concern	<input type="checkbox"/>	<input type="checkbox"/>
4. There were environmental issues	<input type="checkbox"/>	<input type="checkbox"/>
5. There were political issues	<input type="checkbox"/>	<input type="checkbox"/>
6. There were positive reactions	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the **yes** answers:

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<b>AFTER THE CISD:</b>	<b>Yes</b>	<b>No</b>
1. There are recommendations for individuals	<input type="checkbox"/>	<input type="checkbox"/>
2. There are recommendations for the group/agency	<input type="checkbox"/>	<input type="checkbox"/>
3. Ongoing resources were provided	<input type="checkbox"/>	<input type="checkbox"/>
4. There are other concerns requiring follow-up	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the **yes** answers:

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*We would like to thank you for your time and help in improving the services provided by  
PENN Behavioral Health Critical Incident Stress Management Program.*