

Satisfaction Survey



At Great Plains Counseling Center, we value your opinion about our services. This survey is to ask your opinion about our treatment services. Please take a moment to complete this survey, by circling the most accurate response and return it via the self-addressed, stamped envelope we have provided. **Thank-you!**

How satisfied are you with the therapy you received?	1 not	2	3	4 very
Did the services address the problems you came to us to address?	1 no	2	3	4 yes
Comparing your situation to before you came to the Center, how would you describe your current situation?	1 worse	2	3	4 better
Do you feel your privacy was kept secure?	1 no	2	3	4 yes
Would you refer your family/friends to your therapist?	1 no	2	3	4 yes
Would you refer your family/friends to Great Plains Counseling Center?	1 no	2	3	4 yes
In what areas would you say you have noticed improvement?				
Medical	1 none	2	3	4 great
Work/School	1	2	3	4
Alcohol/Drugs	1	2	3	4
Life-Management	1	2	3	4
Relationships	1	2	3	4
Stress Management	1	2	3	4
Overall functioning	1	2	3	4

What suggestions do you have for Great Plains Counseling Center to improve in its delivery of services?

How easy was it to set up an appointment with a therapist?	1 not	2	3	4 very
How convenient is the location of this clinic?	1	2	3	4
How comfortable is the office?	1	2	3	4
How professional has your therapist been in handling your situation?	1	2	3	4

What suggestions do you have for us to improve our appointment and intake process?