

## Ferren Family Counseling LLC

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Ferren Family Counseling LLC requests your help. Please complete the following Client Satisfaction Survey, as we would like to continue to provide quality mental health services to our community. Thank you for your time.

***1. I was treated considerately and respectfully by my counselor at Ferren Family Counseling LLC.***

Not at all true       Somewhat true       Mostly true       True to a great extent

***2. My counselor understood my problems and concerns.***

Not at all true       Somewhat true       Mostly true       True to a great extent

***3. My counselor and I worked well together.***

Not at all true       Somewhat true       Mostly true       True to a great extent

***4. I could have done more to make counseling more useful for me.***

Not at all true       Somewhat true       Mostly true       True to a great extent

***5. My counselor could have done more to make counseling more useful for me.***

Not at all true       Somewhat true       Mostly true       True to a great extent

***6. My concerns that brought me to Ferren Family Counseling LLC have improved as a result of the services provided.***

Not at all true       Somewhat true       Mostly true       True to a great extent

*7. What did you find most helpful about counseling?*

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*8. What did you find least helpful about counseling?*

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*9. If you could change anything about your counseling, what would it be?*

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*10. How likely are you to recommend Ferren Family Counseling LLC to a close friend or other?*

- Not at all likely to recommend       Somewhat likely to recommend       Most likely to recommend       Would highly recommend

*Any comments or questions:*

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Thank you very much for taking the time to complete this survey.

Your feedback is valued and very much appreciated!