

CLIENT SATISFACTION SURVEY

Your Name:(Optional) _____

Staff Name: _____

Please help us improve our services by answering the following questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much. We really appreciate your help.

Circle your answer:

1. How would you rate the **quality of service** you have received?

4 _____ 3 _____ 2 _____ 1 _____
Excellent Good Fair Poor

2. Did you get the **kind of service** you wanted?

1 _____ 2 _____ 3 _____ 4 _____
No, Definetly No, not really Yes, generally Yes, definitely

3. To what extent **have we** met your needs?

4 _____ 3 _____ 2 _____ 1 _____
Almost all of my needs have been met. Most of my needs have been met. Only a few of my needs have been met. None of my needs have been met.

4. If a friend were in need of similar help, **would you recommend us** to him or her?

1 _____ 2 _____ 3 _____ 4 _____
No, definitely not No, I don't so Yes, I think so Yes, definetly

5. How satisfied are you with the **amount** of help you have received?

1 _____ 2 _____ 3 _____ 4 _____
Quite dissatisfied Indifferent or mildly dissatisfied Mostly Satisfied Very Satisfied

6. Have the services you received **helped you to deal more effectively** with your problems?

4 _____ 3 _____ 2 _____ 1 _____
Yes, they helped Yes, they helped a great deal No, they really didn't help No, they seemed to make things worse

7. In an **overall, general sense**, how satisfied are you with the service you have received?

4 _____ 3 _____ 2 _____ 1 _____
Very Satisfied Mostly Satisfied Indifferent or mildly dissatisfied Quite dissatisfied

8. If you were to seek help again, **would you come back**?

1 _____ 2 _____ 3 _____ 4 _____
No, definitely not No, I don't so Yes, I think so Yes, definetly

Approximately how many session have you completed to date? _____

Please indicate whether you agree or disagree with the following statements, where a 1(one)means you strongly disagree and a 5 (five) means you strongly agree with the statements.

1. The receptionist and secretaries seemed friendly and made me feel comfortable. _____ **Not Applicable**

Strongly Disagree 1 2 3 4 5 **Strongly Agree**

2. The facilities are comfortable and attractive.
Strongly Disagree 1 2 3 4 5 **Strongly Agree**

3. The clinician(s) I have seen listen to and understand my concerns.
Strongly Disagree 1 2 3 4 5 **Strongly Agree**

4. If the issues for which I sought affected my job, I have seen improvement at work. _____ **Not Applicable**

Strongly Disagree 1 2 3 4 5 **Strongly Agree**

Please rate how satisfied you are with the following aspects of service. A 1 (one) means you are dissatisfied and a 5 (five) means you are very satisfied with the aspect.

5. The location and accessibility of the facilities.
Very Dissatisfied 1 2 3 4 5 **Very Satisfied**

6. The flexibility and convenience of appointment scheduling/rescheduling.
Very Dissatisfied 1 2 3 4 5 **Very Satisfied**

7. Arrangements made for after-hour and weekend emergencies help. _____ **Not Applicable**

Very Dissatisfied 1 2 3 4 5 **Very Satisfied**

8. The effort made to ensure and maintain your privacy and confidentiality.
Very Dissatisfied 1 2 3 4 5 **Very Satisfied**

9. The services you received as a result of a referral. _____ **Not Applicable**

Very Dissatisfied 1 2 3 4 5 **Very Satisfied**

Comments

In what way could the services received be improved?
