



Outpatient Client Satisfaction Survey

We are very interested in hearing your opinions. This survey is designed to gather information about your impressions of the services we provided. Your honest, personal answers are valuable in our efforts to be more responsive to the interests and concerns of our clients. Thank you for your time and feedback.

Your Name (Optional): _____

Your Counselor's Name: _____ Date: _____

Type of Service(s): Individual Family Group Marital Crisis Debriefing

of sessions: 0 – 4 5 – 9 10 – +

SA = Strongly Agree A = Agree N = Neutral D = Disagree SD = Strongly Disagree

Please rate the following:

	SA	A	N	D	SD
1. I am satisfied with the accomplishments I made in counseling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am/was satisfied with my relationship with my counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My counselor is/was able to understand my problems/concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My concerns that brought me to counseling have improved as a result of the services provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My counselor is/was effective with the ways she/he worked with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The services provided have positively affected my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I was treated considerately & respectfully by staff members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel much better now compared to my initial visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am/was provided with quality/professional services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Appointment procedures & services were clearly communicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I was able to get an appointment in a reasonable amount of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I would recommend these services to a friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments/Recommendations: _____
