

CLIENT SATISFACTION SURVEY

The enclosed survey will permit you to provide some important information regarding your satisfaction with the services provided to you. This information will help us understand ways that we can improve our work in the future.

Please take a moment to complete the enclosed survey and provide any additional comments you wish to share. To protect your anonymity, it is not necessary for you to provide your name or any identifying information. You may return this information in the enclosed self-addressed stamped envelope.

The results of the survey will be combined with survey results from other clients and kept in a file marked "Client Satisfaction Survey." We share this anonymous information with people or organizations that are interested in the quality of our services. There is no way that we can identify you from the form unless you wish for us to know your name.

Thank you for helping me improve the quality of my services.

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Instructions: Check appropriate box.

How long you waited to get scheduled for an initial appointment.

- Excellent
- Very Good
- Good
- Fair
- Poor

Length of time spent getting through to your therapist by phone and return calls.

- Excellent
- Very Good
- Good
- Fair
- Poor

Length of time you were kept waiting in the waiting room.

- Excellent
- Very Good
- Good
- Fair
- Poor

Length of time spent in sessions with your therapist.

- Excellent
- Very Good
- Good
- Fair
- Poor

Accuracy and depth of explanation of what was done for you.

- Excellent
- Very Good
- Good
- Fair
- Poor

Competence, knowledge, and technical skills of your therapist.

- Excellent
- Very Good
- Good
- Fair
- Poor

Courtesy, respect, sensitivity, and personal manner of your therapist.

- Excellent
- Very Good
- Good
- Fair
- Poor