



**ADVANCED** awareness

## **CLIENT SATISFACTION SURVEY**

**We want to hear from you about how we're doing! That's why we've created a Client Satisfaction Survey. Thanks in advance for sharing your thoughts, ideas, suggestions, and frustrations with us.**

### **1. Demographic Information**

**a. Name (Optional):**

---

**b. Gender:**

---

**c. Age:**

---

**d. Ethnicity:**

---

### **2. General Information**

**a. Who was/were your therapist(s)?**

---

**b. Approximately when did you begin receiving services from your therapist(s)?**

---

**3. How did you hear about our agency?**

---

---

---

---

**4. What services did you receive from this therapist?**

- Individual Counseling/Psychotherapy
- Couple Counseling/Psychotherapy
- Family Counseling/Psychotherapy
- Group Support/Counseling
- Supervision/Consultation
- Other (please specify):

---

**5. Overall, how do you rate and/or describe the quality of the following services from your therapist? Please check off the most accurate descriptor of your experience.**

<b>SERVICES</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
<b>Initial Phone Contact or Screening</b>						
<b>Intake and Assessment</b>						
<b>Early Goal Setting</b>						
<b>Working with Your Goals</b>						
<b>Collaboration with Your Therapist</b>						
<b>Therapist's Collaboration with Others</b>						

<b>Closure and Ending</b>						
<b>Other (Please Specify):</b>						

**6. Overall, how do you rate the quality of the attitude or approach from your therapist?**

	<b>Very Poor</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
<b>Listening Skills</b>						
<b>Offering Support</b>						
<b>Offering Challenges</b>						
<b>Offering Educational Materials</b>	_____					
<b>Providing Homework</b>	_____					
<b>Attending to Details</b>						
<b>Starting and Ending on Time</b>	_____					
<b>Following Through on Things Promised</b>						
<b>Responding to Phone Calls</b>	_____					
<b>Responding to Emails</b>	_____					
<b>Appreciation of Diversity</b>						
<b>Other (Please Specify):</b>						

**7. If you privately paid for your services, how do you rate our fees for service?**

- Competitive with the local market**
- Overpriced**

- Underpriced
- Other (please specify):

---

**8. What other comments, suggestions, or feedback would you like to give your therapist?**

---



---



---



---



---



---

**9. What comments, suggestions, or feedback would you like to give this agency?**

---



---



---



---



---



---

	Yes	No	Maybe
Would you return here for services again?	_____	_____	_____
Would you refer your friends and family here for services?	_____	_____	_____
If maybe, please specify:			

*Thank You!*

**Please place your survey in the envelope provide and leave the sealed envelope in the survey tray.**

---



---