



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.

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

Closure and Ending						
Other (Please Specify):						

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

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

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.
