

Center for Positive Change
Consumer Satisfaction Survey

Therapist Name: _____

Date: _____

New Consumer/Client
or stakeholder

Current Consumer/
Client or stakeholder

Discharging Consumer/
Client or stakeholder

Former Consumer/Client or
stakeholder

1 = Strongly Disagree | 2 = Disagree | 3 = Slightly Agree | 4 = Agree | 5 = Strongly Agree

My counselor kept my scheduled appointments and was on time.

1 2 3 4 5

CPC staff responded to and addressed my/the consumer's needs promptly.

1 2 3 4 5

CPC staff are respectful, ethical, and responsive to my needs/the consumers, or stakeholders.

1 2 3 4 5

I felt my concerns were handled in a confidential manner.

1 2 3 4 5

I have benefited from the services I have received from CPC.

1 2 3 4 5

What services would you like to see CPC provide in the future? _____

How many discipline referrals have you received from school/work in the last 90 days? _____

How many absences have you had from work/school in last 90 days? _____

How many times have you been intoxicated in the last 90 days? _____

How many times do you use tobacco on a daily basis? _____

How many angry outburst have you had in the last 90 days? _____

What is your current employment status? (ex: student, employed, unemployed) _____

What is your Race/Ethnicity? _____ What is your age? _____

Please rate your self esteem: 1=low, 5=high

1 2 3 4 5

Please rate the quality of your relationships: 1=low, 5=high

1 2 3 4 5

How would CPC improve current services? _____

Would you like someone from CPC to contact you about this survey? Yes No

If yes, please provide your name and phone number: _____

Or Email Address: _____