**Stonebriar Counseling Associates**

**Client Satisfaction Questionnaire**

Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOW WOULD YOU RATE:** | **POOR** | **FAIR** | **GOOD** | **VERY GOOD** | **EXCELLENT** |
| 1. The convenience of location of the office | 1 | 2 | 3 | 4 | 5 |
| 2. The availability of appointment times | 1 | 2 | 3 | 4 | 5 |
| 3. The comfort/atmosphere of the office facility | 1 | 2 | 3 | 4 | 5 |
| 4. The competence/knowledge of the therapist | 1 | 2 | 3 | 4 | 5 |
| 5. The quality of care and services | 1 | 2 | 3 | 4 | 5 |
| 6. The thoroughness of the initial evaluation and  treatment. | 1 | 2 | 3 | 4 | 5 |
| 7. The amount of help you received | 1 | 2 | 3 | 4 | 5 |
| 8. Your degree of improvement from the time of  your initial visit | 1 | 2 | 3 | 4 | 5 |
| 9. The degree to which you were helped to deal  more effectively with your problems | 1 | 2 | 3 | 4 | 5 |
| 10. The improvement in how you feel compared  to the initial visit | 1 | 2 | 3 | 4 | 5 |
| 11. Your overall satisfaction with the treatment | 1 | 2 | 3 | 4 | 5 |
| 12. The value of treatment, considering the cost | 1 | 2 | 3 | 4 | 5 |
| 13. The response time from your first contact to  the initial appointment | 1 | 2 | 3 | 4 | 5 |
| 14. The adequacy of explanation of procedures,  fees, treatment, etc. | 1 | 2 | 3 | 4 | 5 |
| 15. The friendliness/courtesy of your therapist | 1 | 2 | 3 | 4 | 5 |

**PLEASE TURN TO THE OTHER SIDE**

**PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOW WOULD YOU RATE:** | **POOR** | **FAIR** | **GOOD** | **VERY GOOD** | **EXCELLENT** |
| 16. The attention and respect to privacy you  received | 1 | 2 | 3 | 4 | 5 |
| 17. The personal interest in you and your  problems | 1 | 2 | 3 | 4 | 5 |
| 18. The attention given to what you had to say | 1 | 2 | 3 | 4 | 5 |
| 19. Your comfort in referring a friend or relative | 1 | 2 | 3 | 4 | 5 |
| 20. Your comfort in returning if you needed  help again | 1 | 2 | 3 | 4 | 5 |

What do you believe is MOST HELPFUL about services you, your child/family are receiving from the Stonebriar Counseling Associates?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stonebriar Counseling Associates continually strives to improve services for our clients. What suggestions do you have for the Organization?

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***Thank you for your participation in this process.***