

Samaritan Counseling Services of the Gulf Coast

CLIENT SATISFACTION SURVEY

Note to Clients: This survey will help our Center improve the quality of its services. Your candid input will be very much appreciated. Please answer all of the questions. Written comments are especially helpful. Thank you!

Instructions: Questions on this survey are followed by a 1 – 10 scale, 1 being “not satisfied at all” and 10 being “highly satisfied.” Please circle the number that best expresses your opinion. There are also places for you to identify a response simply by checking a box. Your name on this survey instrument is not required.

Date Filled Out: _____ Counselor: _____

Number of Therapy Sessions You Have Had: 1-5 5-10 10-20 More than 20

Type of Therapy: Individual Couple Family Group

Location and Facilities (circle your answer on the scale of 1 to 10, 1 being “not at all satisfied” and 10 being “highly satisfied”)

1. *The convenience of the location where I received my therapy:* 1 2 3 4 5 6 7 8 9 10

Comments: _____

2. *Waiting room/reception area environment:* 1 2 3 4 5 6 7 8 9 10

Comments: _____

3. *The therapy room or group meeting room as a place for therapy:* 1 2 3 4 5 6 7 8 9 10

Comments: _____

4. *Arrangements in beginning therapy* (e.g., telephone contacts, office reception, referral):

1 2 3 4 5 6 7 8 9 10 Comments: _____

Your Therapy Experience

1. *Did you receive enough information when you came for therapy to make an informed decision about entering therapy here?* 1 2 3 4 5 6 7 8 9 10

Comments: _____

2. *Has your therapist communicated an understanding of your needs and experiences?*

1 2 3 4 5 6 7 8 9 10 Comments: _____

3. *Are you satisfied with the amount of progress you have made in your therapy?*

1 2 3 4 5 6 7 8 9 10 Comments: _____

(Over)

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4. *If your therapist has referred you to other specialists (e.g., psychiatrist, psychologist), are you satisfied with the treatment you received?* 1 2 3 4 5 6 7 8 9 10 Not applicable

Comments: _____

5. *Are you satisfied with Center policies and procedures as they have applied to you, such as appointment times and payment procedures?* 1 2 3 4 5 6 7 8 9 10

Comments: _____

6. *Was the procedure used in filling out forms and sharing personal and medical information satisfactory to you?* 1 2 3 4 5 6 7 8 9 10

Comments: _____

7. *Are you satisfied with the way the Center or your therapist handled any emergency or crisis that occurred during the time you were here?* 1 2 3 4 5 6 7 8 9 10 Not applicable

Comments: _____

8. *Are you satisfied with the way your fee and therapy payments have been handled?*

1 2 3 4 5 6 7 8 9 10 Comments: _____

9. *Are you satisfied with the Center as a place to refer a family member or friend for the help they need?*

1 2 3 4 5 6 7 8 9 10 Comments: _____

10. *Are you satisfied with the Center as a place you could return to if the need arose?*

1 2 3 4 5 6 7 8 9 10 Comments: _____

11. *Are you satisfied with the effort you made toward progress in therapy?*

1 2 3 4 5 6 7 8 9 10 Comments: _____

Other Comments If You Have Them:

If you would like your name to be put on the Center's mailing list to receive the newsletter and announcements of educational events, please give your name and address.

Thank you

Name: _____

The Samaritan Center staff.

Address: _____
