

CLIENT SATISFACTION SURVEY

LOGO

Thank you for selecting our psychological services. We are dedicated to continuous improvement and strive to enhance the quality of care provided. This questionnaire is intended to gather your impressions of the services you received. Your feedback is greatly appreciated and will help improve our services. All responses are treated as confidential and anonymous unless you voluntarily include your name.

Please select the option that best reflects your level of agreement with each statement:

The location was easy to find	Choose an item
Scheduling appointments was easy	Choose an item
The atmosphere in the therapist's office encouraged open and comfortable communication	Choose an item
I felt welcomed and respected at the beginning of my treatment	Choose an item
The goals of therapy were discussed clearly	Choose an item
The therapist understood my concerns and addressed them appropriately	Choose an item
The therapist demonstrated professionalism and competence	Choose an item
I noticed improvement in the issues I initially sought help for	Choose an item
I feel better equipped to manage my mental health	Choose an item
My cultural background and identity were respected	Choose an item
I received clear info about fees, policies, and confidentiality	Choose an item
I am satisfied with the services I received	Choose an item
I would return if I needed help again	Choose an item
I would recommend these services to others	Choose an item
The most useful aspects of the service were:	
Here you can describe the most useful aspects of the service	
Aspects of the service that could be improved include:	
Here you can describe the aspects of the service that could benefit from improvement	
Any additional comments:	
Here you can leave any additional comments	

Client's Name (optional): Enter your Name (optional)

Date: Enter a date