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SATISFACTION SURVEY

I value your opinion about the services I provide. This satisfaction survey is to evaluate your opinion about my Initial Services with you. Please take a moment to complete this survey (circle the most accurate response) and return it via the self-address stamped envelop provided. Thank you.

1.)	How satisfied are you with the therapy you have received?	1 Not	2	3	4 Very
2.)	How effective were the services you received?	1 Not	2	3	4 Very
3.)	How helpful have the services been for dealing with your problems?	1 Not helpful	2	3	4 Very helpful
4.)	Comparing your situation to before treatment, how would you describe your current situation?	1 Worse	2	3	4 Better
5.)	How confidential do you feel your services were?	1 Not	2	3	4 Very
6.)	Would you refer family and friends to therapy here?	1 Yes	2	3	4 No
7.)	What level of improvement have you noticed in the following areas since starting therapy?				
	Medical problems:	1	2	3	4
	Work/School problems:	1	2	3	4
	Alcohol/Drug use	1	2	3	4
	Personal relationships	1	2	3	4
	Professional relationships:	1	2	3	4
	Stress:	1	2	3	4
	Overall functioning:	1 None	2	3	4 Great
8.)	What comments, or suggestions do you have about your overall treatment experience?	_____			
		_____			
		_____			
9.)	May I utilize your comments for ongoing promotions?	1 Yes			2 No

10.) Name (optional): _____ Date: _____