

Case ID: _____ Gender: M F (circle one) Age: _____ Today's Date: _____
(Look on a recent invoice for your case number)

Final Follow-up and Client Satisfaction Survey

Thank-you for providing your feedback about the services you received at Cobb Counselling Inc. Your responses will be kept strictly confidential and will provide important information on how services can be improved in the future. Your survey will be identified based on your case number at the top of the page. After completing the survey, please return it to the address at the bottom of the page or return it by confidential fax to (403) 255-8570.

PART ONE. Think of the concerns you had when you first came to counselling. In the box below, please circle the number that best reflects how far you feel you have come in resolving those concerns.

-1	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
←											→
Things have Gotten Worse	No Change		Some Improvement	Moderate Improvement		Much Improvement		Mostly Resolved		Resolved	

PART TWO. Symptom Checklist Follow-Up

Please rate how much you have experienced each symptom over the *past week* (circle the number). Note: the first six symptoms (a-g) relate specifically to your relationship with your spouse or partner – if you are single, use the “0” rating.

	None or N/A	A Little	Moderate	A Lot	Extreme
a. Not talking to each other	0	1	2	3	4
b. Having bad arguments	0	1	2	3	4
c. Lack of trust between us	0	1	2	3	4
d. Feeling lonely in the relationship	0	1	2	3	4
e. Lack of affection and caring between us	0	1	2	3	4
f. Feeling unhappy about our relationship overall	0	1	2	3	4
g. Feeling sad, down or depressed	0	1	2	3	4
h. Avoiding certain people or places	0	1	2	3	4
i. Loss of interest in activities I normally enjoy	0	1	2	3	4
j. Low energy/feeling tired	0	1	2	3	4
k. Sleep problems (insomnia, not staying asleep, or early waking)	0	1	2	3	4
l. Eating too much or too little	0	1	2	3	4
m. Not able to think clearly	0	1	2	3	4
n. Feeling no pleasure or joy in life	0	1	2	3	4
o. Anxiety attacks	0	1	2	3	4
p. Worrying about things	0	1	2	3	4
q. Angry outbursts	0	1	2	3	4
r. Low self-esteem or low self-confidence	0	1	2	3	4
s. Feeling guilty	0	1	2	3	4
t. Feeling too stressed	0	1	2	3	4
u. Thoughts of suicide	0	1	2	3	4
v. Drinking too much or abusing drugs (i.e. street drugs or prescribed medications)	0	1	2	3	4
w. Acting out other compulsive behaviors (i.e. gambling, sex, porn, shopping, etc.)	0	1	2	3	4
x. Not getting my work done	0	1	2	3	4
y. Feeling unhappy with my workplace	0	1	2	3	4
Symptoms Total:					/ 100

PART THREE. Client Satisfaction Survey

For each of the following statements (1-12), please circle the number that indicates how much you agree or disagree with that statement.

	Strongly Disagree									Strongly Agree	
1. I felt supported and encouraged by the therapist.	0	1	2	3	4	5	6	7	8	9	10
2. The therapist understood my concerns and feelings.	0	1	2	3	4	5	6	7	8	9	10

Please return by mail to 200C Haddon Road SW, Calgary, AB, T2V 2Y6 or by confidential fax to (403) 255-8570
 You can also complete this survey online if you prefer at www.nathancobb.com/final-client-satisfaction-survey.html

	Strongly Disagree					Strongly Agree					
3. The therapist's approach was a good fit for me.	0	1	2	3	4	5	6	7	8	9	10
4. Things I learned in counselling helped me to make positive changes.	0	1	2	3	4	5	6	7	8	9	10
5. In our sessions, we covered what was important to me.	0	1	2	3	4	5	6	7	8	9	10
6. I felt comfortable about the direction we took in our sessions.	0	1	2	3	4	5	6	7	8	9	10
7. I (or we) had clear goals for what I (or we) wanted to accomplish in counselling.	0	1	2	3	4	5	6	7	8	9	10
8. I/we made a lot of progress on reaching these goals.	0	1	2	3	4	5	6	7	8	9	10
9. Counselling helped me to improve the quality of my life (For couples or family therapy, answer this statement instead): Counselling helped us to improve the quality of our lives together.	0	1	2	3	4	5	6	7	8	9	10
10. Overall, therapy was very helpful.	0	1	2	3	4	5	6	7	8	9	10
11. I would come back to see the therapist again if the need arose.	0	1	2	3	4	5	6	7	8	9	10
12. I would confidently recommend the therapist to others.	0	1	2	3	4	5	6	7	8	9	10

13. Please use this space to provide additional comments on any of your ratings above, particularly any ratings that may be low. For each comment, please mark the item number to which it corresponds.

Item # ____

Item # ____

14. What was most helpful to you or what did you like the most about the counselling services you received?

15. Was there anything that disappointed you about counselling or that would have made the process more helpful or useful?

16. Please check the one statement that best matches your reason for ending counselling.

- Resolved the problem(s) to my/our satisfaction
- Felt much better and didn't see a need to keep coming
- I was not comfortable with the goals or methods used in counselling
- (If couples counselling) We had incompatible goals for counselling
- Lack of financial resources: we could not afford to keep coming financially and/or our insurance coverage ended
- Other commitments or pressures came up and made it hard to focus on counselling
- Did not feel counselling was really helping me (or us)
- Other _____

17. Please add any other comments you wish to make in the space below.