

Case ID: _____
(Look on a recent invoice for your case number)

Gender: M F (circle one)

Age: _____

Today's Date: _____

Client Satisfaction Survey—Closing

This survey will take about 5-10 minutes to complete. It allows you to provide feedback on how you felt about your therapy experience. Your responses will provide important information on how services can be improved in the future.

As with all client information, your responses will be kept strictly confidential. 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. Thank-you for your feedback.

For the following items (1-15), please circle the number that indicates how much you agree or disagree with each statement. On this scale, 0 = strongly disagree and 10 = strongly agree.

	Strongly Disagree					Strongly Agree					
1. Dr. Cobb showed respect for me as a person.	0	1	2	3	4	5	6	7	8	9	10
2. Dr. Cobb understood my concerns and feelings.	0	1	2	3	4	5	6	7	8	9	10
3. Dr. Cobb'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. Dr. Cobb offered helpful suggestions and guidance.	0	1	2	3	4	5	6	7	8	9	10
7. I/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. I gained new perspectives that led to solutions.	0	1	2	3	4	5	6	7	8	9	10
10. Counselling has helped me strengthen my important relationships. (For couples/family therapy, answer this statement instead): Counselling has helped us strengthen our relationship <i>with each other</i> .	0	1	2	3	4	5	6	7	8	9	10
11. Overall, therapy was very helpful.	0	1	2	3	4	5	6	7	8	9	10
12. I would come back to see Dr. Cobb again, if the need arose.	0	1	2	3	4	5	6	7	8	9	10
13. I would recommend Dr. Cobb with confidence.	0	1	2	3	4	5	6	7	8	9	10
14. At times, I felt uncomfortable about the direction we were taking in our sessions.	0	1	2	3	4	5	6	7	8	9	10
15. If I was dissatisfied with some part of the counselling services I was receiving it would be hard for me to bring it up with the therapist.	0	1	2	3	4	5	6	7	8	9	10

16. 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 # _____

Item # _____

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

18. Was there anything that would have made the process more helpful or useful to you?

19. Please check the statement(s) that best match your reasons for ending counselling.

- Resolved the problem(s) to my/our satisfaction
- Felt much better and didn't see a need to keep coming
- Got as far as we could get, and then couldn't really go any farther right now (reached an impasse)
- Needed to take a break from therapy for a while
- Couldn't afford to keep coming financially
- 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 _____

20. On a scale of 1–30, please CIRCLE THE NUMBER that indicates how far you feel you have come, as of today, in resolving the issues that originally brought you to therapy.

1=Problem worse than ever

30=Problem resolved

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

On this scale, a “1” means the issues are worse than ever and cause you a great deal of distress whereas a “30” means that the issues are fully resolved and you feel you are doing very well.

Also, please PUT AN “X” through the number that indicates where you feel you were when you started counselling.

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