

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

Gender: M F (circle one)

Age: _____

Today's Date: _____

Client Satisfaction Survey—Periodic

Thank-you for providing your feedback about the services you are receiving. 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.

For the following items (1-13), 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 shows respect for me as a person.	0	1	2	3	4	5	6	7	8	9	10
2. Dr. Cobb understands my concerns and feelings.	0	1	2	3	4	5	6	7	8	9	10
3. Dr. Cobb's approach is a good fit for me.	0	1	2	3	4	5	6	7	8	9	10
4. Things I am learning in counselling are helping me to make positive changes.	0	1	2	3	4	5	6	7	8	9	10
5. In our sessions, we are covering what is important to me.	0	1	2	3	4	5	6	7	8	9	10
6. Dr. Cobb has offered helpful suggestions and guidance.	0	1	2	3	4	5	6	7	8	9	10
7. I (or we) have clear goals for what I (or we) want to accomplish in counselling.	0	1	2	3	4	5	6	7	8	9	10
8. I/we are making a lot of progress on reaching these goals.	0	1	2	3	4	5	6	7	8	9	10
9. I am gaining new perspectives that lead to solutions.	0	1	2	3	4	5	6	7	8	9	10
10. Counselling is helping me strengthen my important relationships. (For couples or family therapy, answer this statement instead): Counselling is helping us strengthen our relationship <i>with each other</i> .	0	1	2	3	4	5	6	7	8	9	10
11. Overall, therapy has been very helpful so far.	0	1	2	3	4	5	6	7	8	9	10
12. At times, I feel uncomfortable about the direction we are taking in our sessions.	0	1	2	3	4	5	6	7	8	9	10
13. 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

14. 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 # _____

15. So far, what has been most helpful or what have you liked the most about the counselling services you are receiving?

16. Is there anything that would make the process more helpful or useful to you?

17. 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.

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