



### PART THREE. Client Satisfaction Survey

For each statement, please circle the number that indicates how much you agree or disagree with that statement.

	Strongly Disagree					Strongly Agree					
1. I feel supported and encouraged by the therapist.	0	1	2	3	4	5	6	7	8	9	10
2. The therapist understands my concerns and feelings.	0	1	2	3	4	5	6	7	8	9	10
3. The therapist'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. I feel comfortable about the direction we are taking in our sessions.	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. Counselling is helping me improve the quality of my life. (For couples or family therapy, answer this statement instead): Counselling is helping us improve the quality of our lives <i>together</i> .	0	1	2	3	4	5	6	7	8	9	10
10. Overall, therapy has been very helpful so far.	0	1	2	3	4	5	6	7	8	9	10
TOTAL SCORE											

11. 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 # \_\_\_\_

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

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

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