

CLIENT SATISFACTION QUESTIONNAIRE

Your Therapist: _____

Insurance Company: _____

CIRCLE ONE NUMBER FOR EACH

How would you rate:	Poor	Fair	Good	Very Good	Excellent
1. the convenience of location of the office	1	2	3	4	5
2. the availability of appointment times	1	2	3	4	5
3. the comfort/atmosphere of the office/facility	1	2	3	4	5
4. the competence/knowledge of the therapist	1	2	3	4	5
5. the quality of care and services	1	2	3	4	5
6. the thoroughness of the initial evaluation and treatment	1	2	3	4	5
7. the amount of help you received	1	2	3	4	5
8. your degree of improvement from the time of your initial visit	1	2	3	4	5
9. the degree to which you were helped to deal more effectively with your problems	1	2	3	4	5
10. the improvement in how you feel compared the initial visit	1	2	3	4	5
11. your overall satisfaction with the treatment	1	2	3	4	5
12. the value of treatment, considering the cost	1	2	3	4	5
13. the response time from your first contact to the initial appointment	1	2	3	4	5

CIRCLE ONE NUMBER FOR EACH

How would you rate:	Poor	Fair	Good	Very Good	Excellent
14. the adequacy of explanation of procedures, fees, treatment, etc.	1	2	3	4	5
15. the friendliness/courtesy of your therapist	1	2	3	4	5
16. the attention and respect to privacy you received	1	2	3	4	5
17. the personal interest in you and your problems	1	2	3	4	5
18. the attention given to what you had to say	1	2	3	4	5
19. your comfort in referring a friend or relative	1	2	3	4	5
20. your comfort in returning if you needed help again	1	2	3	4	5