

# Client Satisfaction Survey (Annual)

## What types of services do you receive? \*

Individual Therapy  
Case Management  
Testing and Assessment

Family Therapy  
Behavioral Health Rehabilitation

## For the next section, please select the most fitting response, based on the following scale:

1 - Strongly Agree  
2 - Agree  
3 - Neutral, or no opinion  
4 - Disagree  
5 - Strongly Disagree  
N/A - Not applicable

## Please use the below rating scale for the following questions: \*

1 2 3 4 5 N/A

I feel satisfied with the services I have received so far.

I would feel comfortable giving a friend the phone number to call if they needed help.

My therapist is helping me work on the problems that I have.

My therapist shows up to my appointments on time.

My therapist returns my phone calls.

When I have had to contact the office, the staff I spoke with was helpful to me.

The services I have received have helped me deal more effectively with daily problems.

My clinicians are sensitive to my cultural or ethnic background.

**OPTIONAL: Do you have any other comments or suggestions in regards to your experience with this agency?**

**OPTIONAL: If you would like us to contact you in regards to this survey, please provide your name & phone here.**