

CONCORD COUNSELING SERVICES 2018 CLIENT SATISFACTION SURVEY

Please complete the following survey based upon your experiences at Concord Counseling Services.

About You:

Your age: _____ Your gender: Female Male How did you find out about Concord? _____

What programs are you currently involved with: **Circle all that apply**

Counseling Case Management Psychiatry Vocational Other: _____

Program/Service Evaluation:

		Excellent	Good	Fair	Poor	N/A
1.	My treatment provider's promptness in seeing me on time is:	4	3	2	1	0
2.	The respect I have been given from the staff has been:	4	3	2	1	0
3.	My experiences working with the staff at the front desk have been:	4	3	2	1	0
4.	My treatment provider's understanding of my problem/concern has been:	4	3	2	1	0
5.	My treatment provider's acceptance of me for who I am has been:	4	3	2	1	0
6.	My treatment provider's involvement of me in developing treatment goals has been:	4	3	2	1	0
7.	The progress I have made as a result of coming to Concord has been:	4	3	2	1	0
8.	The accessibility of Concord's location is:	4	3	2	1	0
9.	Concord's handicap accessibility (includes wheelchair accessibility, etc.) has been:	4	3	2	1	0
10.	My treatment provider's openness to persons of all backgrounds has been:	4	3	2	1	0
11.	My treatment provider's ability to understand and respect my cultural beliefs has been:	4	3	2	1	0
12.	Accessing assistance for paying for services and working with the billing department has been:	4	3	2	1	0
13.	Accessing Concord staff when I have a question or concern has been:	4	3	2	1	0
14.	Overall, I think the care provided me at Concord has been:	4	3	2	1	0

15. (Optional) My treatment provider(s) name(s): _____

16. Are there any additional programs or groups that you would like to see Concord offer? _____

General Comments: Please write any comments you may have about Concord Counseling (continue on back if needed)

(Optional, but please include name and phone number or mailing address if you would like a response to your comments) Name: _____