CONCORD COUNSELING SERVICES

2011 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?_____

Approximately how many TOTAL sessions have you had at Concord in the past 12 months?
☐ Only one session ☐ 2-4 sessions ☐ 5-9 sessions ☐ 10-19 sessions ☐ More than 20

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
7a.	Please circle all barriers to your progress that you believe apply.	Self	Provider	Family	Community	Time in Treatment
		Amount of Services	Other (Specify):			
8.	The accessibility of Concord's location is:	4	3	2	1	0
9.	Concord's handicap accessibility (includes wheelchair accessibility, translators, etc.) has been:	4	3	2	1	0
10.	Accessing assistance for paying for services and working with the billing department has been:	4	3	2	1	0
11.	Accessing Concord staff when I have a question or concern has been:	4	3	2	1	0
12.	Overall, I think the care provided me at Concord has been:	4	3	2	1	0

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

12. 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

_____

_____

_____

Please continue on back if necessary

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