

**WRIGHT COUNSELING SOLUTIONS
CLIENT SATISFACTION SURVEY**

Confidential. Please do not write your name on this form. This survey is designed to give you a chance to tell us what you think about the care you are receiving. After you have completed it return it to a staff member. THANK YOU!

How satisfied have you been with...

**0 = Not at all
1 = Slightly
2 = Moderately
3 = Considerably
4 = Extremely**

- 1. The **individual attention** you receive from your counselor? 0 1 2 3 4
- 2. The **information** you are receiving from your counselor? 0 1 2 3 4
- 3. The **encouragement** you are receiving from your counselor? 0 1 2 3 4
- 4. The **support** you are receiving from your counselor? 0 1 2 3 4
- 5. The **services** you are receiving from your counselor? 0 1 2 3 4
- 6. The way you are **being treated** by your counselor? 0 1 2 3 4
- 7. The **written materials** you are being given, if applicable? 0 1 2 3 4
- 8. Did you **participate in** the development of treatment goals? 0 1 2 3 4
- 9. Are your **treatment goals** being met? 0 1 2 3 4

Your counselor is

- 1. Warm, caring and respectful. 0 1 2 3 4
- 2. Knowledgeable 0 1 2 3 4
- 3. Helpful 0 1 2 3 4

In your own words what do you think we do especially well?

How can we improve the safety of services?

Your Counselor's Name: _____