

Colony Care Behavioral Health

11 River Street 1st Floor Wellesley, MA 02481
113 Belmont St. Belmont, MA 02478
841 Main Street Walpole, MA 02081

Phone 781.431.1177 Fax 781.431.1181
Phone 781.431.1177 Fax 781.431.1181
Phone 508.660.6699 Fax 508.660.6658

Client Satisfaction Questionnaire

This office is committed to a high level of care and service. Your opinion and input is very important to us. The information is confidential and your name does not need to be included unless you wish to do so. Thank you.

Date: _____ Number of Sessions Received: _____

Name of Therapist: _____

1 = Strongly Dissatisfied 2 = Dissatisfied 3 = Neutral 4 = Satisfied 5 = Strongly Satisfied

(Circle One)

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|---|---|---|---|---|---|
| 1. My appointment was scheduled within a reasonable time of my request. | 1 | 2 | 3 | 4 | 5 |
| 2. My calls were returned within a reasonable time. | 1 | 2 | 3 | 4 | 5 |
| 3. The staff was professional and helpful. | 1 | 2 | 3 | 4 | 5 |
| 4. My privacy and confidentiality was respected and acknowledged. | 1 | 2 | 3 | 4 | 5 |
| 5. I was treated with respect. | 1 | 2 | 3 | 4 | 5 |
| 6. I have confidence in my therapist's professional qualifications. | 1 | 2 | 3 | 4 | 5 |
| 7. I was given the information I felt I needed. | 1 | 2 | 3 | 4 | 5 |
| 8. My therapist and I worked together to meet set goals. | 1 | 2 | 3 | 4 | 5 |
| 9. The therapy has helped me with the problem I came to address. | 1 | 2 | 3 | 4 | 5 |
| 10. The therapist was professional and helpful. | 1 | 2 | 3 | 4 | 5 |
| 11. Overall, I feel satisfied with the services received. | 1 | 2 | 3 | 4 | 5 |

1. What aspects of your counseling did you find most helpful?

2. What aspects of your counseling did you find unhelpful or counterproductive?

3. If you stopped your counseling prematurely, what were the reasons?

4. Comments:
