

Ezzo & Associates: Client Satisfaction Survey

*In order to help us provide quality services to our clients, we regularly conduct the **Client Satisfaction Survey**. The information is used to increase our strengths and learn what needs improvement. Your cooperation is extremely helpful and appreciated. You do not have to identify yourself.*

Primary type of services received. *(check only one)*

Marriage/Family Adult mental health Child/Adolescent Substance abuse

Other *(describe)* _____

**Circle the most fitting responses on a 1–5 scale. 1= Strongly Agree with statement
5= Strongly Disagree with statement
NA=Not applicable**

***Implications of Response: “1” is very positive, “2” is positive, “3” is neutral,
“4” is negative, “5” is very negative***

Circle the most fitting response

- 1) “I (or client, if child) **feel satisfied with the services I received.**”
NA (Agree) 1 2 3 4 5 (Disagree)
- 2) “**If later, there is a need, I (or client, if child) would reenter treatment.**”
NA (Agree) 1 2 3 4 5 (Disagree)
- 3) “**I have experienced a reduction in the problems that I was experiencing before entering treatment.**”
NA (Agree) 1 2 3 4 5 (Disagree)
- 4) “**Transportation and/or scheduling problems influenced my decision to terminate.**”
NA (Agree) 1 2 3 4 5 (Disagree)
- 5) “**The office staff was helpful.**”
NA (Agree) 1 2 3 4 5 (Disagree)
- 6) “**The therapist addressed issues related to my problems**”
NA (Agree) 1 2 3 4 5 (Disagree)

7) Comments _____

Staff use: Date information received _____

Comments _____
