

## CONCERN<sup>®</sup> SERVICES CLIENT SATISFACTION SURVEY

Company/Employer: \_\_\_\_\_

Clinician: \_\_\_\_\_

CONCERN's goal is to assist you and your family to cope better with life problems and challenges. The results of this questionnaire will help us to better serve you.

Number of days absent from work in the 30 days <b>before</b> starting counseling at CONCERN		Number of days absent from work in the 30 days <b>after</b> counseling at CONCERN	
Number of days tardy for work in the 30 days <b>before</b> starting counseling at CONCERN		Number of days tardy for work in the 30 days <b>after</b> counseling at CONCERN	
Percent of time unable to concentrate on job <b>before</b> starting counseling at CONCERN	%	Percent of time unable to concentrate on job <b>after</b> counseling at CONCERN	%

Please rate the degree of problem you experienced with the following before and after coming to counseling:		No Problem	Slight Problem	Moderate Problem	Serious Problem	Very Serious Problem
1. Relationships with coworkers/ family/ friends	Before	5	4	3	2	1
	After	5	4	3	2	1
2. Physical health or condition	Before	5	4	3	2	1
	After	5	4	3	2	1
3. Stress Level	Before	5	4	3	2	1
	After	5	4	3	2	1
4. Depression Level	Before	5	4	3	2	1
	After	5	4	3	2	1
5. Your effectiveness in dealing with the problem(s) which brought you to counseling?	Before	5	4	3	2	1
	After	5	4	3	2	1

Since completing counseling, the quality of your life:	<input type="checkbox"/> has improved	<input type="checkbox"/> has not changed	<input type="checkbox"/> has decreased
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How satisfied were you with the services, specifically:	Completely Satisfied ☺	Mostly Satisfied	Moderately Satisfied ☺	Somewhat Dissatisfied	Completely Dissatisfied ☹
• The competence of your counselor?	5	4	3	2	1
• The understanding and concern shown to you?	5	4	3	2	1
• The explanation of your problem and treatment plan?	5	4	3	2	1
• Your improvement due to counseling/psychotherapy?	5	4	3	2	1
• Overall, how satisfied were you with your counseling experience?	5	4	3	2	1

Comments: \_\_\_\_\_