

Client Satisfaction Survey

Your feedback and opinions are very important to me. Out of a commitment to provide quality care to my clients, I ask that you complete this short survey to help me know how I'm doing. **Your responses are confidential – you do not need to include your name or any identifying information about yourself if you do not wish.** Please answer each question honestly and elaborate upon any issue about which you may have strong positive or negative feelings. Thank you very much for your help and feedback!

Sincerely, *Leah Fogt, MSW, LISW-S, CTP*

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. My therapist is professional and knowledgeable.					
2. Obtaining an appointment with my therapist was not difficult.					
3. Coming to therapy helps me.					
4. I understand the policies of this practice, including my rights and responsibilities as a client.					
5. The office is clean, welcoming, conveniently located, and offers convenient hours for appointments.					
6. Office staff is friendly, welcoming, and helpful.					
7. I am satisfied with the overall experience of coming to therapy here.					

8. The most helpful thing about therapy is_____.

9. The least helpful thing about therapy is_____.

10. Please elaborate upon any of the above if you would like. I appreciate comments, suggestions, compliments, and constructive criticism.

THIS BOX IS OPTIONAL.

If you choose not to complete this portion of the survey, I will not be able to follow up with you, nor will I utilize your answers in my efforts to market my practice. I will however use your answers to help maintain and improve the quality of my work!

- ☐ I wish to discuss this survey in person at my next therapy session.
- ☐ I wish to discuss this survey in person and would like to schedule a time to do so.
- ☐ I give permission for my answers to this survey to be used for marketing purposes. I understand that in doing so, I may be quoted in marketing materials (brochures, website, etc.), though my identity and private information will NOT be disclosed.

NAME: _____

PHONE: _____

SIGNATURE: _____

DATE: _____