As part of our commitment to providing the highest quality of care, we are seeking your feedback on your experience with this optional client satisfaction survey. Your insights are incredibly valuable in helping us understand what is working well and where we can improve. We encourage you to share both positive aspects of your experience and any areas where you feel adjustments could be made to better meet client needs. Your feedback will remain confidential and will be used to enhance the care we provide for all of our clients.

Who was your therapist or counselor?

Addie Wadzink	Ashley Bradt	Bill Sieben	Carol Dobson
Christy Durbin	Deanna Austin	Jenny Buchan	Katie Bluhm
Rachel Meyer	Sean Fields	Traci Page	Dr. Trey Jensen

Survey Questions

1. How satisfied were you with the overall quality of your counseling sessions?

Very satisfied			Satisfied			Neutral		Unsatisfied		Very unsatisfied
10	9	8	7	6	5	4	3	2	1	0

2. Did you feel that your therapist (circle all that apply):

Treated you with dignity	Was genuine
Made you feel safe to talk	Made appropriate recommendations
Listened appropriately	Was non-judgmental
Maintained appropriate boundaries	Paced the session to give you time to process
Kept appointments	Started appointments on time
Provided additional coping skills	Understood your goals for therapy

3. How comfortable did you feel during your sessions with your therapist?

Very comfortable Comfortable Neutral. Uncomfortable Very uncomfortable

4. Was the counselor responsive to your needs and concerns?

Always Most of the time Sometimes Rarely Never

5. Did you feel your counseling sessions helped you make progress toward your goals?

Yes, definitely Somewhat Not sure Not really Not at all

6. How would you rate the communication and professionalism of our team?

Excellent Good Average Poor Very poor

7. Is there anything we could improve to make your experience better?

_____

_____

8. What type of services did you have?

Individual therapy Couples or family therapy Chemical Dependency assessment

9. Anything else you would like to share about your experience?

_____

_____

10. Would you recommend Serenity Circle Counseling to others?

Yes No

11. Testimonial Consent: *Please indicate below if you are happy for any of your comments to be anonymously included in promotional literature / website. This is completely optional.*

Yes No

Thank you again for your feedback. We appreciate your trust in us!

Mail to: Serenity Circle Counseling, PO Box 23, Isanti, MN 55040