**FCAC CLIENT SATISFACTION SURVEY**

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| **Name (optional): Date:**  Original concern:  You can mail this survey anonymously to:  5803 Englewood Ave, Yakima, WA 98908 | 4 = True to a great extent  3 = Mostly true  2 = Somewhat true  1 = Not at all true  0 = Does not apply |

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| --- | --- | --- | --- | --- | --- |
|  | **4** | **3** | **2** | **1** | **0** |
| 1. I am treated considerately and respectfully by my therapist. |  |  |  |  |  |
| 1. My counselor acts professionally. |  |  |  |  |  |
| 1. My counselor understands my problems and concerns. |  |  |  |  |  |
| 1. My counselor and I work well together. |  |  |  |  |  |
| 1. I feel like my therapist cares about me. |  |  |  |  |  |
| 1. I feel safe to talk about my issues in counseling. |  |  |  |  |  |
| 1. My counselor helps me to find my own solutions. |  |  |  |  |  |
| 1. I could do more to make counseling more useful for me. |  |  |  |  |  |
| 1. My counselor could do more to make counseling more useful. |  |  |  |  |  |
| 1. I am satisfied with the accomplishments that I made in counseling. |  |  |  |  |  |
| 1. My original concerns have improved because of therapy. |  |  |  |  |  |
|  | | | | **YES** | **NO** |
| 1. What I have learned from coming to the FCAC has led to positive changes in my life. | | | |  |  |
| 1. I gained greater understanding or a clearer sense of identity. | | | |  |  |
| 1. I strengthened one or more self-management skills (example: managing time, stress). | | | |  |  |
| 1. I have learned one or more strategies to solve or cope with problems. | | | |  |  |
| 1. I live a healthier lifestyle in at least one area. (example: I get more sleep, exercise more, eat better, use less alcohol or other drugs). | | | |  |  |
| 1. I made an important decision. | | | |  |  |
| 1. I increased my ability to recognize, name, and/or appropriately express my emotions. | | | |  |  |
| 1. I increased my self-confidence or self-esteem. | | | |  |  |
| 1. I increased my understanding and appreciation of human differences. (example: personalities, preferences, perspectives). | | | |  |  |
| 1. I improved my relationship with another person. | | | |  |  |
| 1. I learned to think more clearly/accurately to reduce distressing emotions or behaviors. | | | |  |  |

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| 1. What do you find most helpful about counseling? | | | | | | | | | | |
| 1. What do you find least helpful? | | | | | | | | | | |
| 1. If you could change anything about counseling, what would it be? | | | | | | | | | | |
| 1. Are there any services you need/want that are not offered? | | | | | | | | | | |
| Please rate your overall experience with FCAC: | | | | | | | | | |
| Very Dissatisfied | | | | | Extremely Satisfied | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |