

Integrity

Counseling & Coaching

Client Evaluation of Services

Please help us improve our program by honestly answering some questions about the services you have received.

CIRCLE YOUR ANSWER

1. How would you rate the quality of treatment service you received from Integrity Counseling & Coaching?

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

2. Were you treated with respect?

(No, Definitely Not) 1 2 3 4 5 6 7 8 9 10 (Yes, Definitely)

3. If a friend were in need of similar help, would you recommend us to him or her?

(No, Definitely Not) 1 2 3 4 5 6 7 8 9 10 (Yes, Definitely)

4. Have the services you received helped you accept and/or deal more effectively with your problem?

(Not Much) 1 2 3 4 5 6 7 8 9 10 (Very Much)

5. How satisfied are you with your counselor?

(Very Dissatisfied) 1 2 3 4 5 6 7 8 9 10 (Very Satisfied)

6. How satisfied are you with the physical office?

(Very Dissatisfied) 1 2 3 4 5 6 7 8 9 10 (Very Satisfied)

7. If you were to seek help again, would you come back to Integrity Counseling & Coaching?

(Not Likely) 1 2 3 4 5 6 7 8 9 10 (Very Likely)

What was helpful to you? _____

Please tell us what you were dissatisfied with. _____

How would you improve our services? _____
