

CONCORD COUNSELING SERVICES 2021 CLIENT SATISFACTION SURVEY

Please complete the following survey based upon your experiences at Concord Counseling Services in the last year.

About You:

Your age: _____ Your gender: _____ How did you find out about Concord? _____

What programs are you currently involved with: **CIRCLE ALL THAT APPLY**

Counseling Case Management Psychiatry Vocational Respite Pathway Clubhouse Other: _____

Program/Service Evaluation:

| | | Excellent | Good | Fair | Poor | N/A |
|-----|--|-----------|------|------|------|-----|
| 1. | My treatment provider's promptness in seeing me on time is: | 4 | 3 | 2 | 1 | 0 |
| 2. | The respect I have been given from the staff has been: | 4 | 3 | 2 | 1 | 0 |
| 3. | My experiences working with the staff at the front desk have been: | 4 | 3 | 2 | 1 | 0 |
| 4. | My treatment provider's understanding of my problem/concern has been: | 4 | 3 | 2 | 1 | 0 |
| 5. | My treatment provider's involvement of me in developing treatment goals has been: | 4 | 3 | 2 | 1 | 0 |
| 6. | My treatment provider's involvement in helping me progress toward my goals/recovery has been: | 4 | 3 | 2 | 1 | 0 |
| 7. | My access to telehealth services has been: | 4 | 3 | 2 | 1 | 0 |
| 8. | The effectiveness of telehealth services has been: | 4 | 3 | 2 | 1 | 0 |
| 9. | Concord's disability accessibility (includes wheelchair accessibility, etc.) has been: | 4 | 3 | 2 | 1 | 0 |
| 10. | My treatment provider's openness to persons of all backgrounds has been: | 4 | 3 | 2 | 1 | 0 |
| 11. | My treatment provider's acceptance of me for who I am including my cultural beliefs has been: | 4 | 3 | 2 | 1 | 0 |
| 12. | Accessing assistance for paying for services and working with the billing department has been: | 4 | 3 | 2 | 1 | 0 |
| 13. | Accessing Concord staff when I have a question or concern has been: | 4 | 3 | 2 | 1 | 0 |
| 14. | Overall, I think the care provided me at Concord has been: | 4 | 3 | 2 | 1 | 0 |

15. (Optional) My treatment provider(s) name(s): _____

16. Are there any additional programs or groups that you would like to see Concord offer? _____

General Comments: Please write any comments you may have about Concord Counseling (continue on back if needed)

(Optional, but please include name and phone number or mailing address if you would like a response to your comments) Name: _____