

CONCORD COUNSELING SERVICES 2024 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: _____

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 (phone call and/or video sessions) has been:	4	3	2	1	0
8.	The effectiveness of telehealth services (phone call and/or video sessions) 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 acceptance of me for who I am including my cultural beliefs has been:	4	3	2	1	0
11.	Accessing assistance for paying for services and working with the billing department has been:	4	3	2	1	0
12.	Accessing Concord staff when I have a question or concern has been:	4	3	2	1	0
13.	Overall, I think the care provided me at Concord has been:	4	3	2	1	0

14. I prefer my services to be: In Person Telehealth No Preference

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) Name: _____