



# Client Satisfaction Survey

*Thank you for utilizing our services. Your opinions are important to us. Please answer the following questions about the service you received. Your answers will be confidential. Thank you for helping us continue our mission of "Building Healthy Families".*

Circle One	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Does Not Apply 5
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**When I contacted the Agency:**

1. I received prompt attention.	1	2	3	4	5
2. Staff were courteous.	1	2	3	4	5
3. My 1st appointment occurred within a timely manner.	1	2	3	4	5

Comments: \_\_\_\_\_

**At the agency:**

4. The Counselor was professional	1	2	3	4	5
5. Family participation was encouraged	1	2	3	4	5
6. I felt comfortable with the Counselor	1	2	3	4	5
7. I felt my concerns were handled confidentially	1	2	3	4	5

Comments: \_\_\_\_\_



**FAMILY SERVICE OF THE CHAUTAUQUA REGION, INC.**

Circle One	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Does Not Apply 5
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**Based on my Experience:**

8. The Service was helpful to me

and or my family members.                      1                      2                      3                      4                      5

9. I would recommend the agency

to others.    1                      2                      3                      4                      5

10. If I needed to, I would come

back to this agency.                              1                      2                      3                      4                      5

Comments: \_\_\_\_\_

11. What issue brought you here? \_\_\_\_\_

12. Please list any services you felt you needed and did NOT receive. \_\_\_\_\_

13. Please list any barriers to your receiving services (i.e. appt. times, transportation) \_\_\_\_\_

14. Please list any suggestions to improve our services \_\_\_\_\_

15. Overall, how would you rate the service you received?    Very good            Good            Poor

Name of Counselor: \_\_\_\_\_ Your Name (Optional) \_\_\_\_\_

**Please mail completed Survey back to us in the enclosed self addressed stamped envelope.**