



CLIENT SATISFACTION QUESTIONNAIRE

Below are a series of questions that comprise the Compass Professional Services LLC Satisfaction Questionnaire. We at Compass Professional Services LLC appreciate feedback from individuals like yourself and would appreciate your completion of the following questionnaire. Please return the completed questionnaire in the enclosed, self-addressed, stamped envelope. It is not necessary for you to indicate your name if you wish to not be identified. It is helpful, however, to identify the therapist(s) from whom you received services. Additional feedback can be noted at the end of the page, or you may attach additional pages if necessary. Thank you very much for your effort and assistance.

Your Name _____ Today's Date ____/____/____

Therapist Name(s) _____

HOW WOULD YOU RATE...
circle one number for each question

	N/A	Poor	Fair	Very Good	Good	Excellent
1. The convenience of office location	0	1	2	3	4	5
2. The availability of appointment times	0	1	2	3	4	5
3. The comfort/atmosphere of the office/facility	0	1	2	3	4	5
4. The competence/knowledge of the therapist	0	1	2	3	4	5
5. The quality of care and services	0	1	2	3	4	5
6. The thoroughness of the initial evaluation and treatment	0	1	2	3	4	5
7. The amount of help you received	0	1	2	3	4	5
8. Your degree of improvement from your initial visit to your treatment end	0	1	2	3	4	5
9. The degree to which you were helped to deal more effectively with your problems	0	1	2	3	4	5
10. The improvement in how you feel compared to the initial visit	0	1	2	3	4	5
11. Your overall satisfaction with the treatment	0	1	2	3	4	5
12. The value of treatment, considering the cost	0	1	2	3	4	5
13. The response time from your first contact to the initial appointment	0	1	2	3	4	5
14. The adequacy of explanation of procedures, fees, treatment, etc.	0	1	2	3	4	5
15. The friendliness/courtesy of your therapist	0	1	2	3	4	5
16. The attention and respect to your privacy	0	1	2	3	4	5
17. The personal interest in you and your problems	0	1	2	3	4	5
18. The attention given to what you had to say	0	1	2	3	4	5
19. Your comfort in referring a friend or relative	0	1	2	3	4	5
20. Your comfort in returning if you needed help again	0	1	2	3	4	5

ADDITIONAL COMMENTS
