

Client Satisfaction Survey

Name _____ Date _____

I have completed the questionnaire for (circle one) **myself** / **my child** age ____ after about _____ sessions. Please read each statement and circle the number that best describes your feelings about the psychotherapist and the treatment that you received. If you have other comments, please use the back of the sheet.

	Strongly disagree	Disagree	Agree	Strongly agree
1. I felt accepted by the therapist.	1	2	3	4
2. The therapist did not seem to like me.	1	2	3	4
3. The therapist seemed to appreciate me and my feelings.	1	2	3	4
4. The therapist seemed insincere.	1	2	3	4
5. The therapist acted like a real person.	1	2	3	4
6. The therapist seemed to value my opinions.	1	2	3	4
7. The therapist did not treat my goals as important.	1	2	3	4
8. The therapist seemed to know what she was talking about.	1	2	3	4
9. The therapist did not listen enough.	1	2	3	4
10. The therapy did not help me.	1	2	3	4
11. Psychotherapy isn't for ordinary people. Something must be wrong if you need therapy.	1	2	3	4
12. I felt relaxed and comfortable during sessions.	1	2	3	4
13. I feel hopeful now.	1	2	3	4
14. I might seek psychotherapy again someday.	1	2	3	4
15. I could recommend this therapist to others.	1	2	3	4

Signature (optional)

Thank you for your feedback! It helps me improve my services.