Client Satisfaction Questionnaire

Subject ID	Month	Day	Year	Week
0 0 0 0	0 0	0 0	0 0	0 0
1 1 1 1	1 1	1 1	1 1	1 1
2 2 2 2	2 2	2 2	2 2	2 2
3 3 3 3	3 3	3 3	3 3	3 3
4 4 4 4	4 4	4 4	4 4	4 4
5 5 5 5	5 5	5 5	5 5	5 5
6 6 6 6	6 6	6 6	6 6	6 6
7 7 7 7	7 7	7 7	7 7	7 7
8 8 8 8	8 8	8 8	8 8	8 8
9 9 9 9	9 9	9 9	9 9	9 9

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all the questions. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help.

1. How would you rate the quality of services you have received.

①	②	③	④
Poor	Fair	Good	Excellent

2. Did you get the kind of service you wanted?

①	②	③	④
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. To what extent has our program met your needs.

①	②	③	④
None of my needs have been met	Only a few of my needs have been met	Most of my needs have been met	Almost all of my needs have been met

4. If a friend were in need of similar help, would you recommend our program to him or her?

①	②	③	④
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you have received?

①	②	③	④
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

①	②	③	④
No, they seem to make things worse	No, they really didn't help	Yes, they helped somewhat	Yes, they helped a great deal

7. In an overall, general sense, how satisfied are you with the service you have received?

①	②	③	④
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

8. If you were to seek help again, would you come back to our program?

①	②	③	④
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely