

Client Satisfaction Questionnaire

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.

Subject ID
0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7 7 7 7
8 8 8 8
9 9 9 9

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

Week
0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

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

¹
Poor

²
Fair

³
Good

⁴
Excellent

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

¹
No, definitely not

²
No, not really

³
Yes, generally

⁴
Yes, definitely

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

¹
None of my needs
have been met

²
Only a few of my
needs have been met

³
Most of my needs
have been met

⁴
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
No, definitely not

²
No, I don't think so

³
Yes, I think so

⁴
Yes, definitely

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

¹
Quite
dissatisfied

²
Indifferent or
mildly dissatisfied

³
Mostly satisfied

⁴
Very satisfied

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

¹
No, they seem to
make things worse

²
No, they really
didn't help

³
Yes, they
helped somewhat

⁴
Yes, they helped
a great deal

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

¹
Quite dissatisfied

²
Indifferent or
mildly dissatisfied

³
Mostly satisfied

⁴
Very satisfied

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

¹
No, definitely not

²
No, I don't think so

³
Yes, I think so

⁴
Yes, definitely