

# BETH LEVINE, LCSW-C

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## Client Satisfaction Survey

I am very interested in feedback from you to help me evaluate my effectiveness and improve my services and skills.

I would appreciate it if you would complete the following survey. There's no need to sign your name; I want you to feel free to be completely honest.

You may return the survey to me personally or simply drop it in the mail in the enclosed envelope. Thank you for your assistance.

What type(s) of service did you receive?

- initial consultation/assessment
- individual psychotherapy
- couple psychotherapy

How long were you in therapy?

- fewer than 8 sessions
- 2 to 6 months
- 6 to 12 months
- more than 12 months

Please use the system below to rate each of the following statements by circling the appropriate number:

- 1 = Unsatisfactory
- 2 = Fair
- 3 = Average
- 4 = Good
- 5 = Excellent
- NA = Not applicable

Prompt scheduling of initial appointment:

1    2    3    4    5    NA

Location of office:

1    2    3    4    5    NA

Comfort of waiting area:

1    2    3    4    5    NA

Reading and informational material in waiting area:

1    2    3    4    5    NA

Cleanliness and pleasantness of therapist's office:

1    2    3    4    5    NA

Explanation of fees and payment policy:

1    2    3    4    5    NA

Explanation of cancellation policy:

1    2    3    4    5    NA

Convenience of scheduled appointment times:

1    2    3    4    5    NA

Frequency of sessions with therapist:

1    2    3    4    5    NA

Promptness of therapist:

1    2    3    4    5    NA

Courtesy of therapist:

1    2    3    4    5    NA

Therapist's understanding of your difficulty:

1    2    3    4    5    NA

Therapist's listening skills:

1    2    3    4    5    NA

Helpfulness of your therapy:

1    2    3    4    5    NA

Responsiveness of therapist to emergencies:

1    2    3    4    5    NA

Rate your general state of mental health and functioning prior to this therapy:

1    2    3    4    5    NA

Rate your general state of mental health and functioning after your initial sessions:

1    2    3    4    5    NA

Rate your general state of mental health and functioning after your therapy ended:

1    2    3    4    5    NA

Rate your ability to sustain any positive strides you made in therapy:

1    2    3    4    5    NA

Rate your likelihood of continuing or returning to treatment with this therapist:

1    2    3    4    5    NA

Rate your likelihood of recommending this therapist to a friend:

1    2    3    4    5    NA

Comments:

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