

CONCERN[®] SERVICES CLIENT SATISFACTION SURVEY

Company/Employer: _____

Clinician: _____

CONCERN's goal is to assist you and your family to cope better with life problems and challenges. The results of this questionnaire will help us to better serve you. Please respond to the following questions rating your responses on a five-point scale with 5 being a No Problem and 1 being a Very Serious Problem. Circle the response which best reflects your experience. **If you used Employee Assistance Services please complete the following:**

Please rate the degree of problem you experienced with the following after coming to counseling:		No Problem	Slight Problem	Moderate Problem	Serious Problem	Very Serious Problem
1. Attendance at work or school	Before	5	4	3	2	1
	After	5	4	3	2	1
2. Timeliness for work or school	Before	5	4	3	2	1
	After	5	4	3	2	1
3. Performance of daily responsibilities	Before	5	4	3	2	1
	After	5	4	3	2	1
4. Job Performance including productivity	Before	5	4	3	2	1
	After	5	4	3	2	1
5. Motivation/interest in work/ school/ home tasks	Before	5	4	3	2	1
	After	5	4	3	2	1
6. Relationships with coworkers/ family/ friends	Before	5	4	3	2	1
	After	5	4	3	2	1
7. Physical health or condition	Before	5	4	3	2	1
	After	5	4	3	2	1
8. Your effectiveness in dealing with the problem(s) which brought you to counseling?	Before	5	4	3	2	1
	After	5	4	3	2	1

How satisfied were you with the services, specifically:	Completely Satisfied ☺	Mostly Satisfied	Moderately Satisfied ☹	Somewhat Dissatisfied	Completely Dissatisfied ☹
• The competence of your counselor?	5	4	3	2	1
• The understanding and concern shown to you?	5	4	3	2	1
• The explanation of your problem and treatment plan?	5	4	3	2	1
• Your improvement due to counseling/psychotherapy?	5	4	3	2	1
• Overall, how satisfied were you with your counseling experience?	5	4	3	2	1

Comments: _____