Patient Satisfaction Survey

Part of what helps improve my skills and abilities as a psychologist is feedback from patients- either during or after treatment. Feel free to complete any portion of this form that you would like (either by printing, filling it out, and mailing/delivering it or by emailing me any of your responses to the addresses listed above). If you would like to remain anonymous to me, please do so by mailing me a copy of this form.

	Strongly Disagree	Slightly Disagree	Am Ambivalent	Slightly Agree	Strongly Agree
The services I received met my needs					
The skills and strategies I learned will help me in the future					
I felt cared about by my clinician					
I am satisfied with the amount of services I received					
As a result of the services I received, I can handle my problems more effectively					
I would refer a friend to my clinician for services					
I am satisfied with the quality of services I received					
I would not hesitate to return for services if I needed further assistance in the future					

What did you find most helpful about our work together?_____
_____

What did you find least helpful about our work together?_____
_____

If you could change anything about our work together, what would it be?_____
_____

Were there services that you needed that weren't offered? If so, what?_____
_____

If you are willing to write a brief testimonial, please do so here (or use the back of the page, as needed)_____
_____
_____
_____
_____
_____
_____
_____
_____

May I post your testimonial on my website (behealthavl.com)? **Yes/No**
If so, would you prefer I use: Your initials _____
                                                First name/last initial _____
                                                Use a pseudonym (e.g. Jane Doe) _____(check if so)