

## 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? \_\_\_\_\_

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

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May I post your testimonial on my website (behealthavl.com) after removing any indication of your name? **Yes/No**