

## Client Satisfaction Survey

At **HillBilly Resort Inc.** we are committed to growth and the improvement of service delivery. Your feedback is welcome and appreciated. Thank you for taking the time to fill out this survey. The information you provide will help guide us in making changes for future clients. You are welcome to remain anonymous.

In the section below please rate your experience by selecting one of the following numbers: (1 = poor, 2 = fair, 3 = average, 4 = good, 5 = excellent, NA = Not applicable).

Choose the number that best describes how you felt about each particular item.

- \_\_\_ 1. The counselor returned my initial call within 24 hours
- \_\_\_ 2. I was able to get an appointment that was convenient to my needs
- \_\_\_ 3. I was able to get an appointment in a timely manner
- \_\_\_ 4. I felt the location was convenient and easy to find
- \_\_\_ 5. I felt the office was professional and relaxing
- \_\_\_ 6. I was treated in a professional and courteous manner
- \_\_\_ 7. The therapist heard my concerns and answered my questions
- \_\_\_ 8. I felt that I could trust my therapist
- \_\_\_ 9. I felt my therapist cared about me and really wanted to help
- \_\_\_ 10. I felt that the counseling was helpful and worthwhile
- \_\_\_ 11. I would recommend **HillBilly Resort Inc.** to others

12. Counselor name: \_\_\_\_\_

13. The thing that most helped me resolve my problems was: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Please provide any other feedback you have about your therapy experience:

\_\_\_\_\_

\_\_\_\_\_

Name (Optional) \_\_\_\_\_

Please return to: **HillBilly Resort Inc. Box 187 Fraserwood, MB R0C 1A0**

