At Corporate and Personal Consulting we want to hear your feedback about our services. The feedback you provide will be kept completely confidential, and cannot be used in our advertising (Psychologists' ethical guidelines prohibit the use of testimonials). If you would like a response to your feedback please ensure you provide your contact details at the bottom of the form.

Thank you for taking the time to complete this form.

The questionnaire below allows you to identify yourself and your therapist if you choose. Feel free to leave blank any questions to which you do not want to respond. We will use your feedback to improve the services we offer. If you do identify yourself, your information will be treated with the same level of confidentiality that we treat all information you have already provided in the course of your treatment.

- Your name
- Your therapist's name
- Your reason for seeking help (ie: depression, anxiety, smoking, gambling etc)
- Did you achieve the result you were hoping for?
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- If you didn't fully achieve the results you were looking for, what do you think prevented you getting there?
- Please comment on your therapist. (Good and bad points)
- Was the decision to stop treatment mutual, your decision, or your therapists?
- If it was only your decision, why did you stop treatment?
- If it was a joint decision, or your therapists, were you happy with the reasons for stopping?

Please indicate on this scale how satisfied or dissatisfied you were with the following aspects of the service.

## **WEB Site**

Please tell us what you think of our Web site.

## Service Provision

now satisfied we	ere you in relation	i to the availability	or starr?	
☐ Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
How satisfied we	ere that staff were	e able to assist you	ı in a timely and d	iligent manner?
☐ Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
How satisfied we	ere you with the a	bility of staff to co	mmunicate to you	?
☐ Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
How satisfied we	ere you that you o	could communicate	e with and be unde	erstood by staff?
Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
How satisfied we	ere you in relation	to CPC providing	you with the requ	ired service and
catered to your ir	ndividual needs?			
☐ Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
		dministrative supp friendly service etc		aking
Rights, Respons	ibilities and Safe	<u>ty</u>		
Are you satisfied	that you were m	ade aware of your	rights to confiden	itiality and
privacy?	,	,	3	,
Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
How satisfied we	ere you that inforr	nation you discuss	sed would remain	private and
confidential?				
☐ Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied

Are you satisfied	that you were ad	dequately explaine	ed the limits of con	fidentiality and
where this may a	pply?			
Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
How satisfied we	re you that you o	could openly discus	ss matters whilst i	n counselling
without concern f	or a potential bre	each of confidentia	lity?	
☐ Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
Quality Assuranc	e and Continuin	g Education		
How satisfied we	re you with the s	kill level of the the	rapist in relation to	assisting you
with your particula	ar presentation?			
Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
Practice and Pers		n <b>ent</b> Ibility of administra	itive staff to assist	you during you
initial visit to CPC	-	iolity of duffillion	tive stall to assist	you during your
	□ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
How satisfied we	re you with the a	bility of administra	tive staff to assist	you during
subsequent visits	to CPC?			
Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied
Practice Environr	<u>ment</u>			
How satisfied we	re you with the o	verall physical env	vironment of the p	ractice?
Completely Satisfied	Satisfied	Neutral/ no opinion	Dissatisfied	Completely Dissatisfied

Were you satisfie	d with the acces	sibility of the pract	ice location?					
Completely Satisfied	☐ Satisfied	☐ Neutral/ no opinion	☐ Dissatisfied	Completely Dissatisfied				
How satisfied were you with the level of comfort experienced in the waiting area?								
☐ Completely Satisfied	☐ Satisfied	□ Neutral/ no opinion	☐ Dissatisfied	☐ Completely Dissatisfied				
How satisfied wer	e you with the le	vel of comfort exp	erienced in the co	onsulting				
rooms?								
☐ Completely Satisfied	☐ Satisfied	□ Neutral/ no opinion	☐ Dissatisfied	☐ Completely Dissatisfied				
<ul> <li>Please comment on the standard of presentation of the practice (e.g. cleanliness, magazines, furnishing etc)</li> </ul>								
<u>Other</u>								
Please comment on any other aspects of your experience at Corporate and Personal Consulting.								
Thank you for your feedback. Be assured that we will treat it confidentially and we will use it in making decisions about providing the best service we can.								