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Service Evaluation

We would appreciate your opinions about your experience of psychological therapy and the service that was provided to you. Your opinion is valuable and will aid in the improvement of our service to you and other clients. If you have any queries regarding this form, please contact your therapist.

Please circle the number that best describes your opinion

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly agree

The service overall

- | | | | | | |
|---|---|---|---|---|---|
| 1. I am satisfied with the quality of the service I received | 1 | 2 | 3 | 4 | 5 |
| 2. The psychologist was pleasant and welcoming | 1 | 2 | 3 | 4 | 5 |
| 3. My needs were met in therapy | 1 | 2 | 3 | 4 | 5 |
| 4. I would recommend this psychological service to a Friend with similar problems or issues | 1 | 2 | 3 | 4 | 5 |
| 5. I would return to this service if I needed help again | 1 | 2 | 3 | 4 | 5 |
| 6. I am now able to deal more effectively with my Problem | 1 | 2 | 3 | 4 | 5 |

The Therapy/Counselling

- | | | | | | |
|---|---|---|---|---|---|
| 7. I was able to focus on what was of real concern to me | 1 | 2 | 3 | 4 | 5 |
| 8. The psychologist understood my problems | 1 | 2 | 3 | 4 | 5 |
| 9. My psychologist helped me understand myself and my problems better | 1 | 2 | 3 | 4 | 5 |
| 10. My psychologist was friendly and warm towards me (and/or my relative/partner) | 1 | 2 | 3 | 4 | 5 |
| 11. I felt free to express myself | 1 | 2 | 3 | 4 | 5 |

