

The Community Counseling Center of Moorestown VNA is very interested in your satisfaction with our services. Please take a few minutes to complete this voluntary survey and send it to us in the enclosed return envelope. Thank you for your assistance in our continuing efforts to improve our services.

Please fill-in one box for each of the statements below.

If you do not have one of the services listed, fill in *Not-Applicable*.

My therapist is (was) _____

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
1.	The start of service was timely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Staff members were courteous and respectful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	My therapist explained my condition, my plan of treatment and answered my questions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Whenever I talked to someone from your Center, I was treated in a courteous, prompt and helpful manor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I was always informed of my appointments and received appropriate communication when changes were necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I was included in planning my counseling services and the goals we worked on were attainable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I received a copy of the Client's Bill of Rights and was given an opportunity to have my questions answered.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	When I had questions about my treatment, my therapist was helpful in answering.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I was satisfied overall with the quality of my treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I felt my Therapist was qualified to treat me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Was The Community Counseling Center of MVNA helpful in meeting your needs?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I understand the reason for and timing of my discharge (if applicable).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I would recommend The Community Counseling Center of Moorestown VNA to my family and friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments or Suggestions

Signature (optional) _____ Date ____ / ____ / ____

E-Mail (optional) _____

