

Client Satisfaction Survey

Dear Client:

In order to evaluate my effectiveness and improve my clinical skills, it would help me a great deal if you would complete this quick questionnaire. Your feedback is valuable to me. You may keep this anonymous. This way you can feel free to be completely honest. Please return it to me in the enclosed envelope.

Thank you, Peter J. Paterno, LCSW

Please rate the following using the scale below:

1 = excellent 2 = very good 3 = good 4 = fair 5 = poor

1. During the 3 weeks **prior** to beginning treatment with me, how would you rate the state of your overall mental health? _____
2. During the 3 weeks **prior** to beginning treatment with me, how would you rate the state of the specific mental health issue that brought you here? _____
3. During the 3 weeks **after** your treatment with me, how would you rate the state of your overall mental health? _____
4. During the 3 weeks **after** your treatment with me, how would you rate the state of the specific mental health issue that brought you here? _____
5. At **termination** of your treatment here, how would you rate the state of your overall mental health? (if applicable) _____
6. At termination of your treatment here, how would you rate the state of the specific mental health issue that brought you here? (if applicable) _____
7. How long has it been since the termination of treatment here (if applicable) _____
8. How would you rate the state of your overall mental health now? _____
9. How would you rate the current state of the specific mental health issue that brought you here? _____
10. Rate your ability to sustain any positive strides you made here. _____
11. Rate the overall helpfulness of this therapist. _____
12. Please list on the back side, any specific strengths or weaknesses of this therapist.

You may return this form to: Peter J. Paterno, LCSW PO Box 17382 Jersey City, NJ 07307