



Client Feedback

I am interested in receiving feedback about your experience in therapy with me. In addition to helping me improve the quality and effectiveness of the counselling I provide, any comments written here may be used anonymously on my website. Please complete this questionnaire and mail it anonymously or drop it off under the door at the office: 208-161 Stafford Street, Winnipeg Manitoba R3M 2W9. Thank-you! Julie

At this time, my counselling _____ is still in progress _____ has been completed

How long have you been involved in counselling with Julie? _____

Please rate the following questions

4= True to a great extent

3 = Mostly true

2 = Somewhat true

1 = Not at all true

0 = Does not apply

1. I was treated considerately and respectfully by Julie. _____
2. Julie acted professionally. _____
3. Julie understood my problems and concerns. _____
4. Julie and I worked well together. _____
5. I felt safe to talk about my issues. _____
6. Julie helped me to find my own solutions. _____
7. I could have done more to make counselling more useful for me. _____
8. Julie could have done more to make counselling more useful for me. _____
9. I am satisfied with the accomplishments that I made in counselling. _____
10. My concerns that brought me to Julie have improved as a result of counselling. _____
11. My well-being has improved as a result of my participation in counselling. _____
12. What I have learned from coming to Julie has led to positive changes in my life. Yes ___ No ___
13. I have learned one or more strategies to solve or cope with problems. Yes ___ No ___
14. I learned to think better to reduce distressing emotions or behaviours. Yes ___ No ___
15. I strengthened one or more self-management skills (example: managing stress). Yes ___ No ___
16. I gained greater understanding or a clearer sense of identity. Yes ___ No ___
17. I live a healthier lifestyle in at least one area. Yes ___ No ___
18. I improved my relationship with another person. Yes ___ No ___

19. I increased my ability to recognize and appropriately express my emotions. Yes ___ No ___

20. I improved my performance at work/school. Yes ___ No ___

21. I increased my self-confidence or self-esteem. Yes ___ No ___

22. What did you find most helpful about counselling?

23. What did you find least helpful about counselling?

24. If you could change anything about your counselling, what would it be?

25. If needed in the future, would you come back to see Julie?

1. Yes

2. Maybe

3. No If no, why not? _____

26. Would you recommend Julie to a close friend with personal problems?

yes

maybe

no

27. Please rate your overall experience with Julie. ___

28. Very Satisfied 12 3 4 5 6 7 8 9 10 Very Dissatisfied

Do you have any additional comments?

Name (Optional) _____

Thank you for your feedback.