

Family Health Team

MENTAL HEALTH CLIENT SATISFACTION QUESTIONNAIRE

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much; we really appreciate your help. This is completely confidential.

MONTH COMPLETED _____

CIRCLE YOUR ANSWERS

1. **How would you rate the quality of service you have received?**
4 _____ 3 _____ 2 _____ 1 _____
Excellent Good Fair Poor
2. **Did you get the kind of service you wanted?**
1 _____ 2 _____ 3 _____ 4 _____
No, definitely Not, not really Yes, generally Yes, definitely
3. **To what extent has our program met your needs?**
4 _____ 3 _____ 2 _____ 1 _____
Almost all of my needs have been met Most of my needs have been met Only a few of my needs have been met None of my needs have been met
4. **If a friend were in need of similar help, would you recommend our program to him or her?**
1 _____ 2 _____ 3 _____ 4 _____
No, definitely not No, I don't think so Yes, I think so Yes, definitely
5. **How satisfied are you with the amount of help you have received?**
1 _____ 2 _____ 3 _____ 4 _____
Quite dissatisfied Indifferent or mildly dissatisfied Mostly satisfied Very satisfied
6. **Have the services you received helped you to deal more effectively with your problems?**
4 _____ 3 _____ 2 _____ 1 _____
Yes, they helped a great deal Yes, they helped No, they really didn't help No, they seemed to make things worse
7. **In an overall, general sense, how satisfied are you with the service you have received?**
4 _____ 3 _____ 2 _____ 1 _____
Very satisfied Mostly satisfied Indifferent or mildly dissatisfied Quite dissatisfied
8. **If you were to seek help again, would you come back to our program?**
1 _____ 2 _____ 3 _____ 4 _____
No, definitely not No, I don't think so Yes, I think so Yes, definitely
9. **How long did you wait to get your first appointment?** _____
10. **Any other feedback/comments you would like to provide to help us improve service**
