

**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!

I want to get my GED so that I can \_\_\_\_\_

I want to \_\_\_\_\_ so that I can \_\_\_\_\_

**Select one goal from above and complete the following statements:**

1. I want to accomplish this goal by (date) \_\_\_\_\_

2. I will know I'm making progress toward this goal in \_\_\_\_\_ months if I can \_\_\_\_\_

3. I will know I've met this goal when I can \_\_\_\_\_

4. In order to reach this goal, I'll need to do these things:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

5. In order to reach this goal, I'll need these things (or people):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

6. What are some possible barriers to meeting this goal? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_