

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? _____

