## **Client Satisfaction Survey**

The Counseling Center staff is interested in obtaining your comments about the services offered to you. Your feedback helps us to improve the quality and effectiveness of the counseling program. Please complete this questionnaire and return it to the box in the Counseling Center or mail it to back to us in the envelope provided (210 Health Center, 1019 Campus Drive, Ferris State University, Big Rapids, MI 49307).

At th	At this time, my counseling is still in progress has been completed		4 = True to a great extent 3 = Mostly true 2 = Somewhat true 1 = Not at all true				
	long have you been involved punseling at FSU?		0 = Doe				
1.	I was treated considerately and respectfully by the Counseling Center staff.	4	3	2	1	0	
2.	My counselor acted professionally.	4	3	2	1	0	
3.	My counselor understood my problems and concerns	4	3	2	1	0	
4.	My counselor and I worked well together.	4	3	2	1	0	
5.	I felt safe to talk about my issues in counseling.	4	3	2	1	0	
6.	My counselor helped me to find my own solutions.	4	3	2	1	0	
7.	I could have done more to make counseling more useful for me.	4	3	2	1	0	
8.	My counselor could have done more to make counseling more useful for me.	4	3	2	1	0	
9.	I am satisfied with the accomplishments that I made in counseling.	4	3	2	1	0	
10.	My concerns that brought me to the Counseling Center have improved as a result of the services provided.	4	3	2	1	0	
11.	My academic performance has improved as a result of my participation in counseling.	4	3	2	1	0	
12.	What I have learned from coming to the Counseling Center has led to positive	change	es in my li	ife? Yes	s No_		
13.	I have learned one or more strategies to solve or cope with problems.			Ye	s No_		
14.	I learned to think more clearly/accurately to reduce distressing emotions or beh	naviors		Ye	s No_		
15.	I strengthened one or more self-management skills (example: managing time, s	stress).		Ye	s No_		
16.	I made an important decision.			Ye	s No_		
17.	I gained greater understanding or a clearer sense of identity.			Ye	s No_		
18.	I live a healthier lifestyle in at least one area. (example: I get more sleep, exercise more, eat better, use less alcohol or other	drugs	).	Ye	es No		
19.	I improved my relationship with another person.			Ye	s No		
20.	I increased my ability to recognize, name, and/or appropriately express my em	otions.		Ye	sNo		
21.	I improved my academic performances.			Ye	sNo		
22.	I increased my self-confidence or self-esteem.			Ye	s No		
23.	I am more likely to continue my education/graduate from FSU.			Ye	s No		
24.	I increased my understanding and appreciation of human differences. (example: personalities, ethnicities, sexualities).			Ye	es No_		

□ Would advise against it
<ul> <li>Would advise against it</li> <li>Please rate your overall experience with the Counseling Center.         <ul> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>10</li> <li>Extremely</li> </ul> </li> </ul>
□ Would advise against it
<ul> <li>Would you recommend the Counseling Center to a close friend with personal problems?</li> <li>Would highly recommend it</li> <li>Would recommend it</li> <li>Would recommend it with some reservations</li> <li>Would not recommend it</li> </ul>
If needed in the future while attending FSU, would you come back to the Counseling Center?  Ves Maybe No If no, why not?
Were there services that you needed that weren't offered?
If you could change anything about your counseling, what would it be?
What did you find least helpful about counseling?
What did you find most helpful about counseling?