

Service Evaluation

We would appreciate your opinion about your experience of psychological therapy and the service provided to you. Your opinion is valuable and will aid in the improvement of our service to you and other clients. If you have any queries regarding this form, please contact your therapist.

Please circle the number that best describes your opinion

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

The Service Overall

- | | | | | | |
|--|---|---|---|---|---|
| 1. I am satisfied with the quality of the service I received. | 1 | 2 | 3 | 4 | 5 |
| 2. The psychologist was pleasant and welcoming. | 1 | 2 | 3 | 4 | 5 |
| 3. My needs were met in therapy. | 1 | 2 | 3 | 4 | 5 |
| 4. I would recommend this psychological service to a friend with similar problems or issues. | 1 | 2 | 3 | 4 | 5 |
| 5. I would return to this service if I needed help again. | 1 | 2 | 3 | 4 | 5 |
| 6. I am now able to deal more effectively with my problem. | 1 | 2 | 3 | 4 | 5 |

The Therapy/Counselling

- | | | | | | |
|--|---|---|---|---|---|
| 7. I was able to focus on what was of real concern to me. | 1 | 2 | 3 | 4 | 5 |
| 8. The psychologist understood my problems. | 1 | 2 | 3 | 4 | 5 |
| 9. My psychologist helped me understand myself and my problems better. | 1 | 2 | 3 | 4 | 5 |
| 10. My psychologist was friendly and warm towards me (and/or my relative/partner). | 1 | 2 | 3 | 4 | 5 |
| 11. I felt free to express myself. | 1 | 2 | 3 | 4 | 5 |
| 12. My psychologist seemed to understand what I was feeling and thinking. | 1 | 2 | 3 | 4 | 5 |
| 13. I was treated respectfully by my psychologist. | 1 | 2 | 3 | 4 | 5 |

Please circle the answer that best represents your opinion.

15. How much progress do you think you made in dealing with your problems?

- | | | | | |
|--|---------------------------|----------------------------|--------------------------------|---|
| 1.
My problems have
become worse | 2.
No progress
made | 3.
A little
progress | 4.
Considerable
progress | 5.
My problems are no
longer problems for
me |
|--|---------------------------|----------------------------|--------------------------------|---|

16. How effective do you think your therapy was?

- | | | | | |
|----------------------------|------------------------|--------------------------|-------------------------------|------------------------------|
| 1.
It made things worse | 2.
It had no effect | 3.
A little effective | 4.
Moderately
effective | 5.
Extremely
effective |
|----------------------------|------------------------|--------------------------|-------------------------------|------------------------------|

17. Please list your initial goals of therapy:

18. Did you achieve:

- | | | | |
|---------------------------|-----------------------------|-----------------------------|----------------------------|
| 1.
No goals of therapy | 2.
Some goals of therapy | 3.
Most goals of therapy | 4.
All goals of therapy |
|---------------------------|-----------------------------|-----------------------------|----------------------------|

19. Overall, describe which aspects of therapy were most helpful and which were least helpful?

20. I left/discontinued with therapy because (circle as many answers as you like):

- a) My therapist decided that I had reached my goals of therapy.
- b) I decided that I had reached my goals of therapy.
- c) It was causing me distress.
- d) I decided that it was too hard.
- e) I could not afford it.
- f) I did not feel comfortable.
- g) I thought I could spend my money better.
- h) My needs were not being met.
- i) I didn't believe that my psychologist was skilled enough to help me.
- f) I did not understand the therapy process and what I was supposed to do.

Name:

Date:

Therapist:

No. of sessions:
