

New Day Counseling Services, PLLC

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CLIENT SATISFACTION SURVEY

Service Received: _____ Outpatient Therapy (individual/family) _____ Clinical Assessment only

1. The service I am receiving was explained to me, and I fully understand the purpose of the service.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

2. My rights were explained to me.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

3. My Therapist cares about what I think.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

4. When I talk about my problems, I believe they will be kept private.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

5. My Therapist reviews my Service Plan / Goals with me regularly.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

6. My life has improved since beginning this service.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

7. My Therapist that works with me is knowledgeable?

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

8. So far, I am satisfied with my New Day Counseling Services, PLLC experience.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

9. I participated in the development of my Service Plan / Goals.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

10. I am encouraged to give my opinion/participate in my treatment.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

11. My Therapist understands my problems, needs and goals.

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

12. What can New Day Counseling Services, PLLC do to improve your overall satisfaction? Please INITIAL after your comments below if you agree we may use your comments on our Website.

Thank you for taking the time to complete this survey. Your responses are completely anonymous.