

SERVICE USE SATISFACTION QUESTIONNAIRE

CLIENT NAME: _____ DATE: _____

	Strongly Agree (5)	Disagree (4)	Not Sure (3)	Agree (2)	Strongly Agree (1)
1. Overall, I am happy with the services received					
2. I had a say in how this service was delivered to me, and I could ask for what I wanted					
3. I received treatments that were right for me					
4. I could get the service when I needed it					
5. This was the service I needed					
6. I felt respected by the Counsellor and my view/beliefs were acknowledged					
7. Counsellor spoke in a way I understood					
8. Counsellor was sensitive to my cultural and ethnic background					

Other Comments/Feedback: _____

