Washington State University Psychology Clinic
PO Box 644820
Pullman, WA 99164-4820

CLIENT SATISFACTION SURVEY

To assist us in our effort to provide you with the best possible care, please take a moment to answer these questions. Your responses are voluntary, confidential and very important to us! Thank you.

Therapy and Assessment Services:

Please circle the appropriate response

1. Therapy has helped increase my understanding of my problem(s):
   Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

2. Therapy has helped me develop more effective coping skills:
   Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

3. Therapy has relieved my symptoms or reduced my problems:
   Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

4. Therapy has helped me improve the quality of my life:
   Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

5. Therapy helped increase my confidence in approaching future problems:
   Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

Professionalism:

6. My calls were returned in a timely manner:
   Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

7. My personal information has been protected and kept confidential:
   Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

8. Overall, my experience was such that I would refer a family member or friend:
   Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

How can we improve?
Any suggestions on how to make the clinic better known in the community?

Information about you: Gender:_____ Age:_____

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