

HATS OF WISDOM

PROFESSIONAL COUNSELING SERVICES

PHONE: (907) 803-7022 FAX: (907) 895-2020
P.O. Box 809 Delta Junction, Alaska 99737

MENTAL HEALTH SATISFACTION SURVEY

To make sure that you are receiving quality services, please complete this questionnaire and return it to the front desk. You can put your name on the paper or it can be anonymous. Thank you so much!

Name of the Counselor: _____

Date: _____

Please answer the following questions about your experience:

To what extent did the Counselor:	Not at all	Neutral	Completely		
• Help you achieve the purpose for which you sought counseling?	1	2	3	4	5
• Help you obtain skills that will assist you with your future problems?	1	2	3	4	5
• Did he/she show interest in your needs?	1	2	3	4	5
• Did he/she understand your needs?	1	2	3	4	5
• Did he/she help you define your needs?	1	2	3	4	5
• Involve you in treatment planning (such as treatment goals and frequency of appointments)?	1	2	3	4	5
• Respond to your request for services?	1	2	3	4	5

Will you be continuing your sessions with your counselor? Yes No Maybe

Do you have any specific concerns or complaints about your session with the counselor? _____

Is there anything that you felt was good or helpful about the session? _____

How did you hear about Hats of Wisdom? _____

Would you recommend Hats of Wisdom to another person? Yes No Maybe