

CLIENT SATISFACTION SURVEY

Psychological Services Center
University of Nevada, Reno

Student Therapist _____

We thank you in advance for completing this questionnaire about the PSC. When you have completed this form, please mail it in the enclosed self-addressed, postage-paid envelope. Your feedback is truly valuable to us as we strive to provide the highest quality of counseling and assessment services to our clients in the PSC.

BACKGROUND QUESTIONS

1.) Dates of Service ____/____/____ thru ____/____/____

2.) Approximate Number of Sessions (Estimate if you are unsure) _____

3.) Sex (please circle) Male / Female Age _____ Ethnicity _____

4.) Which type of services did you receive? (Circle all that apply).

Counseling:

Individual

Family

Couples

Assessment:

Educational (Learning Disability)

ADD or ADHD

Psychological/ Personality

Please rate each item below according to the following scale (Fill in circles completely.)

	Strongly Disagree	Disagree	Neutral	Strongly Agree	Agree
1. I received adequate information when speaking to the telephone intake staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The telephone intake staff are courteous and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The front desk staff are courteous and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The cost of services is fair and reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Therapy at the PSC has been helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am satisfied with the length of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am satisfied with the times available for appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My therapist is responsive to my questions and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My therapist is ready to begin the session at the appointed time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel that therapy received at the center has been effective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel that the services at the center are delivered in a culturally-sensitive manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Overall, the quality of the services provided by the PSC has been high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If further help is necessary, I would return to the PSC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the back of this page or feel free to call us at 595-1770 with any additional suggestions or comments you would like to make.

Is there a problem?

If you are not satisfied with your experiences in the Psychological Services Center (PSC), we want to hear from you so that we can provide our services to you in ways that we both find satisfactory.

If you have a problem with anything about the PSC, first, speak with one of our staff. If the problem is with your insurance, bills, or payment, talk to receptionist who will contact our bookkeeper. If the problem is with your therapy or assessment, talk to your therapist or assessment specialist. If you believe there has been some kind of violation of the confidentiality or the privacy of your records, speak to our Privacy Officer and Clinic Director, Dr. Anthony Papa, and let us clarify and fix the situation. If you don't know whom to talk to about a problem ask our Clinic Director for advice.

If you are not satisfied or the problems still continue, please fill out this simple form. I promise you that we will not in any way limit your care here or take any actions against you if you bring a problem to our attention. (Note: You do not have to put your name on this form if you do not want to. Thank you.)

Your name _____

Telephone number _____ Address _____

What is or was the problem?

What would you like to see done about the problem? _____

Signature of client or his or her personal representative

Date

Printed name of client or personal representative

Relationship to the client