

## Exit Survey

**Please take a few minutes to complete this exit survey. This will help us know how helpful we were to you and how to improve our services in the future. As always, your information will be held strictly confidential. Thank you!**

**Personal information:**

Date: \_\_\_\_\_

Name optional: \_\_\_\_\_

Counselor's name: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Number of sessions: \_\_\_\_\_

**Services Rendered:**

Individual counseling/adult \_\_\_\_

Individual counseling/child \_\_\_\_

Marital/couples counseling \_\_\_\_

Family counseling \_\_\_\_

Group counseling \_\_\_\_

Emergency intervention \_\_\_\_

Other \_\_\_\_\_

<p>Overall, were you satisfied with the help you received from counseling?</p> <ol style="list-style-type: none"> <li>1. Highly satisfied</li> <li>2. Somewhat satisfied</li> <li>3. Mixed feelings</li> <li>4. Somewhat dissatisfied</li> <li>5. Highly dissatisfied</li> </ol>	<p>Was your counselor able to guide you to action and resources that help?</p> <ol style="list-style-type: none"> <li>1. Yes, clear direction</li> <li>2. Yes, okay guidance</li> <li>3. Not sure</li> <li>4. No, poor guidance</li> </ol>
<p>Compared to the start of counseling, how would you now rate your level of improvement?</p> <ol style="list-style-type: none"> <li>1. Greatly improved</li> <li>2. Somewhat improved</li> <li>3. About the same</li> <li>4. Slightly worse</li> <li>5. Much worse</li> </ol>	<p>Did your counselor rely upon Christian resources: prayer, use of Bible, respect for God, and Christian values in helpful ways?</p> <ol style="list-style-type: none"> <li>1. Yes, very helpful</li> <li>2. Yes, somewhat helpful</li> <li>3. No, not wanted or appropriate</li> <li>4. No, not helpful</li> </ol>



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<p>Please list one or two things that reflect your satisfaction or to satisfaction counseling.</p> <hr/> <hr/> <hr/>	<p>Were there any problems during counseling with any of the following issues? <i>(circle any that apply)</i></p> <ul style="list-style-type: none"> <li>Fee disputes</li> <li>Confidentiality</li> <li>Sexual actions</li> <li>Communication</li> <li>Value/ethnic insensitivity</li> <li>Coarse language or inappropriate comments</li> <li>Too passive, not enough guidance</li> <li>Too controlling, not enough listening/support</li> <li>Lack of/Inaccurate knowledge</li> <li>Competent/timely response to emergencies</li> <li>Competent/timely phone response</li> <li>Improper/incompetent treatment</li> <li>Late/poor preparation for sessions</li> <li>Poor referral/consultation with others</li> </ul>
<p>Did your counselor understand your problem/need?</p> <ol style="list-style-type: none"> <li>1. Yes, great understanding</li> <li>2. Yes, mostly understood</li> <li>3. Not sure if he/she understood</li> <li>4. No, did not understand</li> </ol>	<p>Did your counselor respect your view/values?</p> <ul style="list-style-type: none"> <li>Yes, greatly respected</li> <li>Yes, mostly respected</li> <li>Not sure if they respected</li> <li>No, did not respect</li> </ul>
<p>Would you recommend New Hope Counseling Center and or your counselor? Why or why not?</p> <hr/> <hr/> <hr/>	<p>Additional comments?</p> <hr/> <hr/> <hr/>

Thank you for your time in providing feedback so that we can better serve our community.