

Fairview Counseling Centers

Client Satisfaction Survey

Date: _____ Time _____ Provider's name: _____

We wish to give you the best service possible and filling out this survey will help us do that. We value your honest feedback. Please wait to complete it until **after your 6th or final appointment** with your therapist.

Please circle the sites where you received services.

Andover	Apple Valley	Bass Lake (Maple Grove)	Brooklyn Park
Burnsville	Chisago City	Columbia Heights	Eagan, Eden Prairie
Edina	Elk River	Forest Lake	Farmington
Highland Park	Lakeville	Maple Grove Med Ctr	Milaca
Minneapolis-WB	Princeton	Wyoming	Zimmerman

Circle the number that best describes your experience with us. You may add comments. If you have other suggestions or concerns, please call us at 612-672-6999.

One (1) means very dissatisfied. Five (5) means very satisfied.

	Very Dissatisfied				Very Satisfied
1. How satisfied were you with the courteous manner of our staff?	1	2	3	4	5
2. How satisfied were you with the scheduling of your first appointment?	1	2	3	4	5
3. How satisfied were you that you could schedule follow-up appointments within a fair amount of time?	1	2	3	4	5
4. How satisfied are you that your therapist understands your issues?	1	2	3	4	5
5. How satisfied are you with the way your therapy is helping you resolve your issues?	1	2	3	4	5
6. Would you refer a friend to Fairview Counseling Centers?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

7. What has been most helpful about coming to Fairview Counseling Center? _____

8. If you could change anything about your experience with Fairview Counseling Centers, what would it be?

Please return this completed form in the attached self-addressed, stamped envelope. Send to:

University of Minnesota Medical Center, Fairview
Fairview Counseling Centers
2450 Riverside Ave, F196, Minneapolis, MN 55454