Simeon Centre Counselling Service **CONFIDENTIAL**

Client ref: Counsellor: Date:

Client Experience Evaluation

Please help us improve the Simeon Centre by answering these questions about the therapeutic service you have received. We welcome all of your comments and suggestions and appreciate your contribution in helping us continually develop effective services to meet the needs of the community.

*Please circle or underline **one** answer per question.*

1. Did staff listen to you and treat your concerns seriously?

Never Rarely Sometimes Mostly Always

2. Do you feel that our service has helped you better understand and address your difficulties?

Never Rarely Sometimes Mostly Always

3. Did you feel involved in making choices about your treatment and care?

Never Rarely Sometimes Mostly Always

4. On reflection, did you get the help that mattered to you?

Never Rarely Sometimes Mostly Always

5. Did you have confidence in your therapist and his/her approach to you?

Never Rarely Sometimes Mostly Always

6. How satisfied were you with the accommodation/venue where your counselling took place?

Very Dissatisfied Dissatisfied Unsure Satisfied Very Satisfied

7. How satisfied were you with the administration staff supporting this service?

Very Dissatisfied Dissatisfied Unsure Satisfied Very Satisfied

8. Overall, how satisfied were you with the Simeon Centre's service?

Very Dissatisfied Dissatisfied Unsure Satisfied Very Satisfied

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9. What has changed for you as a result of your counselling session?
(please tick all that apply)

- ☐ I am able to cope with day to day living
- ☐ I feel more confident
- ☐ I'm less anxious / worried
- ☐ I'm more optimistic about the future
- ☐ Nothing has changed
- ☐ Things seem to be worse for me now
- ☐ I'm returning to work / returned to work
- ☐ I can accept the way I am / who I am
- ☐ I no longer need medication / less dependant on medication
- ☐ Other changes not mentioned above (please state)

10. Think back to the time when you FIRST MET YOUR COUNSELLOR. Please circle a number that represents how you felt at the time (0 = worst you could possibly feel, 10 = best you could possibly feel).

0 1 2 3 4 5 6 7 8 9 10

11. Now circle a number representing how you feel NOW YOUR COUNSELLING HAS FINISHED.

0 1 2 3 4 5 6 7 8 9 10

12. Please use the space below to provide additional comments including anything you think would improve this service for yourself and others.

Thank you for completing this evaluation. If you would like to discuss your comments or any aspect of our service, please contact the Manager/Co-ordinator, in confidence, on 01204 387363.