

**Jeffery W. Hickey LCSW**

**CLIENT SATISFACTION SURVEY**

A key component in my continued refinement as a therapist is my understanding of how couples' relationships have changed over the course of therapy . Please take a few moments to reflect on the following statements and circle the response that most appropriately reflects your own experience. Please return this survey in the enclosed stamped addressed envelope. These responses are kept confidential and are for my own professional use only. Each partner should independently complete a copy of the survey.

**Date of last session:** \_\_\_\_\_ **Date of survey:** \_\_\_\_\_

**Your opinions about your relationship**

Please rate the degree of change in the following aspects of your relationship. As a guide, use your opinion overall during the past month.

Our general level of conflict is:

much less                      slightly less                      about the same                      slightly more                      much more

Our ability to resolve conflicts that arise is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

Our ability to work smoothly towards a common goal is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

Our general level of emotional closeness is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

My feeling of respect for my partner is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

My partners expression of respect for me is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

My ability to express loving feelings towards my partner is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

My partners ability to express loving feelings towards me is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

My understanding of what is important to my partner is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

My partner's understanding of what is important to me is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

Our sex life is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

My general sense of optimism about our future as a couple is:

much improved                      slightly improved                      about the same                      slightly worse                      much worse

**(over)**

**Your experience in therapy**

Please rate your level of agreement/disagreement with the following statements regarding your own experience in couple therapy.

The therapist understood my concerns.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

My feelings and concerns were validated by the therapist.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

I was able to raise difficult topics in the course of therapy.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

The therapist responded adequately to my questions/concerns about therapy.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

The goals of therapy were relevant to my concerns.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

I was able to bring up in therapy all my significant concerns about our relationship.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

I am satisfied with my own level of participation in therapy.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

I am satisfied with my partner's level of participation in therapy.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

I was satisfied with the process of appointment scheduling.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

The fee arrangement and billing procedures were clear.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

The office setting was conducive to our therapy.

strongly agree    somewhat agree    undecided    somewhat disagree    strongly disagree

Would you refer a friend with similar concerns to this therapist?

definitely    probably    undecided    probably not    definitely not

Please add any additional comments regarding your relationship and/or therapy experience, especially any aspect with which you were dissatisfied.

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