Client Satisfaction Survey

The Counseling Center staff is interested in obtaining your comments about the services offered to you. Your feedback helps us to improve the quality and effectiveness of the counseling program. Please complete this questionnaire and return it to the box in the Counseling Center or mail it to back to us in the envelope provided (210 Health Center, 1019 Campus Drive, Ferris State University, Big Rapids, MI 49307).

At this time, my counseling 4 = True to a great extent
_____ is still in progress 3 = Mostly true
_____ has been completed 2 = Somewhat true
1 = Not at all true
0 = Does not apply

How long have you been involved in counseling at FSU? _________

1. I was treated considerately and respectfully by the Counseling Center staff. 4 3 2 1 0
2. My counselor acted professionally. 4 3 2 1 0
3. My counselor understood my problems and concerns 4 3 2 1 0
4. My counselor and I worked well together. 4 3 2 1 0
5. I felt safe to talk about my issues in counseling. 4 3 2 1 0
6. My counselor helped me to find my own solutions. 4 3 2 1 0
7. I could have done more to make counseling more useful for me. 4 3 2 1 0
8. My counselor could have done more to make counseling more useful for me. 4 3 2 1 0
9. I am satisfied with the accomplishments that I made in counseling. 4 3 2 1 0
10. My concerns that brought me to the Counseling Center have improved as a result of the services provided. 4 3 2 1 0
11. My academic performance has improved as a result of my participation in counseling. 4 3 2 1 0
12. What I have learned from coming to the Counseling Center has led to positive changes in my life? Yes___ No___
13. I have learned one or more strategies to solve or cope with problems. Yes___ No___
14. I learned to think more clearly/accurately to reduce distressing emotions or behaviors. Yes___ No___
15. I strengthened one or more self-management skills (example: managing time, stress). Yes___ No___
16. I made an important decision. Yes___ No___
17. I gained greater understanding or a clearer sense of identity. Yes___ No___
18. I live a healthier lifestyle in at least one area.
(example: I get more sleep, exercise more, eat better, use less alcohol or other drugs). Yes___ No___
19. I improved my relationship with another person. Yes___ No___
20. I increased my ability to recognize, name, and/or appropriately express my emotions. Yes___ No___
21. I improved my academic performances. Yes___ No___
22. I increased my self-confidence or self-esteem. Yes___ No___
23. I am more likely to continue my education/graduate from FSU. Yes___ No___
24. I increased my understanding and appreciation of human differences.
(example: personalities, ethnicities, sexualities). Yes___ No___
25. What did you find most helpful about counseling?

_______________________________________________________________________

_______________________________________________________________________

26. What did you find least helpful about counseling?

_______________________________________________________________________

_______________________________________________________________________

27. If you could change anything about your counseling, what would it be?

_______________________________________________________________________

_______________________________________________________________________

28. Were there services that you needed that weren’t offered?

_______________________________________________________________________

_______________________________________________________________________

29. If needed in the future while attending FSU, would you come back to the Counseling Center?
   - Yes
   - Maybe
   - No
   If no, why not? _______________________________________

30. Would you recommend the Counseling Center to a close friend with personal problems?
   - Would highly recommend it
   - Would recommend it
   - Would recommend it with some reservations
   - Would not recommend it
   - Would advise against it

31. Please rate your overall experience with the Counseling Center.

   1 2 3 4 5 6 7 8 9 10

   Very Dissatisfied

   Extremely Satisfied

32. Do you have any additional comments?

_______________________________________________________________________

_______________________________________________________________________

Name (Optional) ___________________________  Counselor’s Name (Optional) _______________________

Thank you for your feedback.
Ferris State University Counseling Center