

Client Feedback Sheet

You will appreciate that counsellors and supervisors are keen to maintain a high standard of service. One way we can do this is to ask clients to help by completing this simple questionnaire. Would you be kind enough to do so, anonymously, and to return it in the attached stamped addressed envelope? Thank you.

Counsellors Name _____ Date _____

No. of counselling sessions (circle); 1-5 5-10 10-15 15-20 over 20

In the counselling sessions you have experienced...	
1. How safe did you feel to discuss your concerns with your counsellor?	1 2 3 4 5
2. How much did you feel heard and understood by your counsellor?	1 2 3 4 5
3. How adequately was the issue you brought to counselling dealt with?	1 2 3 4 5
4. Overall, how would you rate the helpfulness of your counselling experience?	1 2 3 4 5
5. Would you recommend this counsellor to a friend?	1 2 3 4 5
6. Please state what changes have taken place in your life as a result of counselling (feelings, thoughts, behaviour...)	
7. Further comments...	

Thank you for your time.