

Strong Minds Client Feedback Survey

Town or Post code:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
How long did you have to wait for your first appointment with your counsellor? _____ weeks	

Please complete our short survey to help us improve our service to you.

Question	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1. Strong Minds staff listened to me and took my concerns seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel the Strong Minds service has helped me to better understand and address my difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt I was involved in making choices about my care and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel I got the help that mattered to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel confident in my therapist's skills and techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was satisfied with the location of the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel my privacy and confidentiality were respected at all times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The communication between my therapist and my GP made the process easier for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was happy with how quickly I was seen by a therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would be happy to use the Strong Minds service again in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about your experience with our service

Any other comments or feedback?

Thank you