

CLIENT SATISFACTION QUESTIONNAIRE

Please complete and return to:
STANFORD HELP CENTER
100 Encina Commons, MC: 6170
Stanford, CA 94305
650-723-4577 Fax: 650-723-1977

Date: ___/___/___

1. **Regarding the primary problem you sought help for, is it:**

WORSE NO CHANGE IMPROVED MUCH IMPROVED

2. **Whether it was the primary problem or not, how has the counseling at the Help Center affected your ability to do your job?**

WORSE NO CHANGE IMPROVED MUCH IMPROVED

3. **Was the counselor you met with: name (optional) _____**

NOT HELPFUL SATISFACTORY HELPFUL VERY HELPFUL

4. **How satisfied were you with the scheduling of appointments?**

NOT SATISFIED SOMEWHAT SATISFIED VERY SATISFIED

5. **If you were referred to an outside resource, was it helpful?**

N/A HAVE NOT USED NO SOMEWHAT YES VERY HELPFUL

6. **Overall, how would you rate your experience at the Help Center?**

UNSATISFACTORY SATISFACTORY GOOD EXCELLENT

7. **If you would like to elaborate on any of the above questions, or give us written feedback on other aspects of your experience at the Stanford Help Center, please do so below.**