**ONGOING THERAPY SATISFACTION SURVEY**

I value your opinion. Please take a moment to complete this survey evaluating my services so far, as well as, assessing changes you have experienced since beginning therapy.

I have attended approximately       sessions.

**Please rate the following from 0 to 10, with 0 being negative and 10 a positive response.**

1. I am satisfied with therapy:

 Please add any comments/feedback:

2. I think therapy has been helpful:

 Please add any comments/feedback:

3. I am feeling hopeful about my therapy:

 Please add any comments/feedback:

**Please indicate any changes you have noticed in the following areas since beginning therapy, with 0 being no change and 10 being significant change:**

Sense of well-being: Ability to cope:

Physical activity: Relationship with partner:

Quality of sleep: Relationships with family:

Nutrition and eating: Relationships with friends:

Level of stress: Relationships at work:

Level of anxiety: Use of self-care strategies:

Level of sadness: Sense of hopefulness:

**Please add any additional comments, concerns and/or feedback:**

Thank you for completing and returning this survey.