**POST TREATMENT SATISFACTION SURVEY**

I value your opinion. Please take a few minutes to complete this survey, using the drop down menus and text boxes, to evaluate my services. It has been a honour to work with you.

1. How satisfied are you with your therapy?
2. How effective were the services received?
3. How helpful have the services been?
4. How confidential have my services been?
5. Would you refer others to me?

Please provide comments and/or feedback regarding your responses:

**What level of *improvement* have you noticed in the following areas since starting therapy?**

|  |  |  |  |
| --- | --- | --- | --- |
| Feelings of well-being  Physical activity  Quality of sleep  Nutrition and eating patterns  Ability to manage stress  Ability to manage anxiety  Ability to manage sadness  Ability to manage pain |  | Use of positive coping strategies  Quality of relationship: Intimate partner  Quality of relationships: Family  Quality of relationships: Friends  Quality of relationships: Work  Use of self-care strategies  Overall functioning  Life satisfaction |  |

Please provide comments and/or feedback regarding your responses:

Thank you very much for taking the time to complete and return this evaluation.