**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-beingPhysical activityQuality of sleepNutrition and eating patternsAbility to manage stressAbility to manage anxietyAbility to manage sadnessAbility to manage pain |  | Use of positive coping strategiesQuality of relationship: Intimate partnerQuality of relationships: FamilyQuality of relationships: FriendsQuality of relationships: WorkUse of self-care strategiesOverall functioningLife satisfaction |  |

Please provide comments and/or feedback regarding your responses:

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