

Spiritual Care Support Ministries

Client Feedback and Survey

3/29/22

Thank you for coming to Spiritual Care Support Ministries for counseling. We know you have many options when it comes to seeking assistance, and we appreciate that you chose SCSM. To continue providing the best service for our clients, we ask that you please take a moment and answer the questions below. If you choose to include your name, it will remain CONFIDENTIAL. Your answers may be shared with our counselors, but your name will not. You also have the option to remain anonymous.

Your Name _____ I wish to remain anonymous
 Please check if you are completing this form after your first counseling session at SCSM.

Please check the box that most closely corresponds to how you feel about each statement.

Working Relationship:

	Strongly Disagree	Somewhat Disagree	No Strong Feelings	Somewhat Agree	Strongly Agree
My counselor was attentive and a good listener.	<input type="checkbox"/>				
My counselor understood things from my perspective.	<input type="checkbox"/>				
My counselor focused on what was important to me.	<input type="checkbox"/>				
My counselor accepted what I said without judgement.	<input type="checkbox"/>				
My counselor fostered a safe and trusting environment.	<input type="checkbox"/>				
My counselor showed compassion towards me.	<input type="checkbox"/>				
My counselor followed my lead when appropriate.	<input type="checkbox"/>				
My counselor provided leadership when appropriate.	<input type="checkbox"/>				
My counselor challenged me when appropriate.	<input type="checkbox"/>				
My counselor began and ended our session(s) on time.	<input type="checkbox"/>				

Results:

	Strongly Disagree	Somewhat Disagree	No Strong Feelings	Somewhat Agree	Strongly Agree
I have made positive changes in my life as a result of my counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My counselor helped me with whatever issue originally led me to seek counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you helped with something other than your initial reason for counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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Overall Satisfaction:

My overall satisfaction with the service provided by my counselor is:	Strongly Dissatisfied	Somewhat Dissatisfied	No Strong Feelings	Somewhat Satisfied	Strongly Satisfied
	<input type="checkbox"/>				
Based on your experience, would you recommend your counselor to others?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Based on your experience, would you recommend SCSM to others?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Other Comments:

Is there anything additional you wish your counselor would have done in your session that may have helped you? Please be specific.

Was there anything that your counselor did or said in your session that made you feel uncomfortable or that you didn't particularly enjoy? Please be specific.

If you have any additional comments you would like to share, please do so here:

Please return your completed form to: Pam Stilton
Spiritual Care Support Ministries, 7179 New Hope Lane, Warrenton, VA 20187
You may also scan and email the form to pstilton@scsm.tv.