

At Collins Place Psychology and Hypnotherapy we want to hear your feedback about our services. The feedback you provide will be kept completely confidential, and cannot be used in our advertising (Psychologists' ethical guidelines prohibit the use of testimonials). If you would like a response to your feedback please ensure you provide your contact details at the bottom of the form.

Thank you for taking the time to complete this form.

The questionnaire below allows you to identify yourself and your therapist if you choose. **Feel free to leave blank any questions to which you do not want to respond.** We will use your feedback to improve the services we offer. If you do identify yourself, your information will be treated with the same level of confidentiality that we treat all information you have already provided in the course of your treatment.

- Your name
- Your therapist's name
- Your reason for seeking help (ie: depression, anxiety, smoking, gambling etc)
- Did you achieve the result you were hoping for?
 Fully Almost Fully Partly Barely Not at All
- If you fully achieved the results you were hoping for, what do you think made the biggest difference to you?
- If you didn't fully achieve the results you were looking for, what do you think prevented you getting there?
- Please comment on your therapist. (Good and bad points)
- Was the decision to stop treatment mutual, your decision, or your therapists?
- If it was only your decision, why did you stop treatment?
- If it was a joint decision, or your therapists, were you happy with the reasons for stopping?

Please indicate on this scale how satisfied or dissatisfied you were with the following aspects of the service.

WEB Site

Please tell us what you think of our Web site.

Service Provision

How satisfied were you in relation to the availability of staff?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were that staff were able to assist you in a timely and diligent manner?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were you with the ability of staff to communicate to you?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were you that you could communicate with and be understood by staff?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were you in relation to CPPH providing you with the required service and catered to your individual needs?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

- Please comment on the administrative support (ie: ease of making appointments, efficiency, friendly service etc)

Rights, Responsibilities and Safety

Are you satisfied that you were made aware of your rights to confidentiality and privacy?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were you that information you discussed would remain private and confidential?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

Are you satisfied that you were adequately explained the limits of confidentiality and where this may apply?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were you that you could openly discuss matters whilst in counselling without concern for a potential breach of confidentiality?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

Quality Assurance and Continuing Education

How satisfied were you with the skill level of the therapist in relation to assisting you with your particular presentation?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

Practice and Personnel Management

How satisfied were you with the ability of administrative staff to assist you during your initial visit to CPPH?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were you with the ability of administrative staff to assist you during subsequent visits to CPPH?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

Practice Environment

How satisfied were you with the overall physical environment of the practice?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

Were you satisfied with the accessibility of the practice location?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were you with the level of comfort experienced in the waiting area?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

How satisfied were you with the level of comfort experienced in the consulting rooms?

Completely Satisfied Satisfied Neutral/ no opinion Dissatisfied Completely Dissatisfied

- Please comment on the standard of presentation of the practice (e.g. cleanliness, magazines, furnishing etc)

Other

Please comment on any other aspects of your experience at Collins Place Psychology and Hypnotherapy.

Thank you for your feedback. Be assured that we will treat it confidentially and we will use it in making decisions about providing the best service we can.