

HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

Lexington—64 given out—63 returned - 98.44%

1. When you first contacted us, were we friendly and helpful?

1	2	3	4	5
not at all				very
			10	53

2. Were you satisfied with arrangements for your appointments?

1	2	3	4	5
not at all				very
	1	3	11	48

3. When you came in for your appointments, were you greeted and made to feel welcome?

1	2	3	4	5
not at all				very
			12	51

4. Was the staff helpful?

63 YES ___ NO

5. If you were eligible for the sliding fee scale, was it adequately explained?

53 YES 2 NO 8 NOT APPLICABLE

6. Do you think your counselor or therapist has a good understanding of your problems?

1	2	3	4	5
very poor				very good
		4	8	50

7. Overall, how would you rate your relationship with your therapist or counselor's?

1	2	3	4	5
very poor				excellent
		3	14	45

8. If you had the need, would you return here for services?

1	2	3	4	5
definitely not				definitely
		3	7	53

9. Would you refer family or friends here?

1	2	3	4	5
definitely not				definitely
1		3	6	53

10. I have come here for services:

6 less than 3 times 20 3 - 10 times 37 over 10 times