

University Counseling Center Client Feedback Questionnaire

Your University ID Number: _____ Today's Date _____

In which of the following UCC services have you participated? (check all that apply)

- | | |
|--------------------------------------|----------------------------------|
| 1 _____ Intake (Initial Appointment) | 5 _____ Individual Counseling |
| 2 _____ Group Counseling | 6 _____ Couple/Family Counseling |
| 3 _____ Psychiatric Evaluation | 7 _____ Learning Disability |
| 4 _____ Psychology Assessment | |

Please do not write in this box

_____ (1)	_____ (5)
_____ (2)	_____ (6)
_____ (3)	_____ (7)
_____ (4)	_____ (8)
_____ (9)	

How many counseling sessions have you had (not including the intake?) _____

Please answer the following questions in terms of your experience with the UCC. We are interested in your honest opinions, whether they are positive or negative.

Please use the scale that appears directly below these instructions for items 10-24

Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5) Does Not Apply (N/A)

- | | |
|---|------------|
| 10. The receptionist was courteous and helpful on the telephone: | _____ (10) |
| 11. I did not have to wait too long for an initial (intake) appointment: | _____ (11) |
| 12. The receptionist was courteous and helpful in person: | _____ (12) |
| 13. The receptionist put me at ease: | _____ (13) |
| 14. The receptionist adequately explained the processes of intake and assignment to a counselor: | _____ (14) |
| 15. Completing the initial assessment information, including the OQ45, was helpful to me in thinking about my problem or situation: | _____ (15) |
| 16. Being assigned to a counselor other than the person with whom I did my initial (intake) session interfered with my ability to make use of counseling: | _____ (16) |
| 17. I was thinking about leaving the U of U before counseling (or was fearful I would have to leave): | _____ (17) |
| 18. If you answered "agree" (4) or "strongly agree" (5) to question #17:
Counseling has helped me stay at the U or U: | _____ (18) |
| 19. Counseling has help me improve my academic performance: | _____ (19) |
| 20. I feel my counselor understands my concerns: | _____ (20) |
| 21. I feel my counselor really cares about me: | _____ (21) |
| 22. My counselor does things (i.e., suggestions, homework assignments, interpretations, validations, explanations, etc.) that help me: | _____ (22) |
| 23. I would recommend the UCC to other students (or faculty or staff): | _____ (23) |
| 24. I am worried or discouraged about the fact that my individual counseling at the UCC will have to brief (i.e., 12 or fewer sessions per year): | _____ (24) |

OVER, PLEASE --- MORE ON THE OTHER SIDE

Please use the Following scale to respond to questions 25 and 26:

Very Dissatisfied (1) Mostly Dissatisfied (2) Neutral (3) Mostly Satisfied (4) Very Satisfied (5)

25. Please rate your overall level of satisfaction with your counselor: _____ (25)

26. Please rate your overall level of satisfaction with your experience at the UCC: _____ (26)

Please use the following scale to respond to questions 27 through 31:

Yes, a lot (1) Yes, Some (2) Too soon to comment (3) No (4) This is worse (5)

27. The negative symptoms (e.g., feelings of depression, anxiety, worry, etc.) I was experiencing have decreased: _____ (27)

28. I understand myself better: _____ (28)

29. I have learned new skills: _____ (29)

30. I feel better about the way I view myself and others: _____ (30)

31. I think more clearly: _____ (31)

Please use the following scale to respond to question 32:

Not at all (1) Only slightly (2) Moderately (3) Substantially (4) Severely (5)

32. If you are a student, how much is your academic performance affected by the issues for which you are seeking counseling: _____ (32)

33. What could we do better?

34. Any other feedback: