

# Please tell us how we are doing...

*Help us improve our services. Your answers will be confidential and anonymous if you wish.*

You can drop off this survey at the receptionist window, mail or fax it.

Mailing Address: Dipoto Counseling Group  
200 NE 54<sup>th</sup> St, Suite 202  
Kansas City, MO 64118

Fax Number: 816-452-5700

What is MOST IMPORTANT to you when you are looking for care?		About your services at our office.	
When you were first seeking services, what was the <b>most important to you when deciding</b> where and when to go for care? <i>Rank Number these in order of importance from 1 to 6, 1 being most important, 6 being least important.</i> ___ Location of office. ___ Affordability, cost and participation with my Insurance. ___ Reputation of the clinic or therapist, or recommendation from others. ___ Availability of appointment(s). ___ Large selection of therapists. ___ Appointments are prompt, start and end on time. Other:		Date of service at this office: _____ How many recent sessions have you attended related to this matter? _____	What type of service/care did you receive? <input type="checkbox"/> Individual Therapy or Counseling <input type="checkbox"/> Marital or Couples Therapy or Counseling <input type="checkbox"/> Adult Intensive Outpatient Program <input type="checkbox"/> Adolescent Intensive Outpatient Program <input type="checkbox"/> Children's Intensive Outpatient Program Your Therapist's or Counselor's name: _____

Please tell us about the care you received at this office. How much do you agree with these statements?					
Access to Office	The <b>receptionist</b> was responsive to my needs and respectful of my time.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	I was satisfied with the <b>available appointment times and dates</b> that were offered.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	Questions about my <b>bill or payment</b> were answered promptly and accurately.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
About your Therapist/Counselor	My therapist or counselor <b>treated me with respect</b> and took my problems seriously.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	My <b>therapist respected my time</b> by being prompt and managed time well so that we ended on time.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	I believe that with the right help, I <b>feel hopeful</b> that I can overcome and handle the problems or issues I am here for.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	My therapist or counselor <b>helped me</b> with useful interventions or helped me see problems in a different light.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
If you attended <b>group therapy (IOP)</b>  <i>Leave blank if you did not attend group therapy (IOP)</i>	New group members are <b>welcomed and accepted</b> amongst the others.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	I was encouraged to participate and <b>felt included</b> in the discussions.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	I have clear goals and am <b>working towards my goals</b> .	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	<b>Time was managed effectively</b> by the therapist or counselor.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	The " <b>check in</b> " time at the beginning of group was very helpful.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	The worksheets, assignments and <b>activities were helpful</b> .	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Office Environment	I felt secure that my <b>privacy</b> was respected.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
	The office was <b>clean</b> and comfortable.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree

**What was most HELPFUL about your care at this office?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have SUGGESTIONS that might help us IMPROVE the care at this office?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHO would you like us to recognize for doing a GOOD job?	Your opinion is important. May we contact you directly about your experience?
_____	<input type="checkbox"/> <b>No</b> , Do NOT contact me. <i>Your name and phone number are OPTIONAL only.</i>
_____	<input type="checkbox"/> <b>Yes</b> , you may contact me      Name: _____      Phone: _____