

**Feedback Questionnaire**

AAAC would appreciate it if you could take 5 minutes to complete this form and hand it back to your counsellor. We use feedback to help us maintain a high-quality service and make improvements where possible.

1. Did you have to wait long for your initial assessment? **Yes/No**
2. If you answered yes what would/could have helped to make things easier for you?

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1. Were there specific issues for your referral to the service? **Yes/No**

1. On a scale of 1 – 10 did counselling help with these issues?

 **1 2 3 4 5 6 7 8 9 10 (please circle)**

1. On a scale of 1-10 (10 being the highest) are you now able to manage your issues?

 **1 2 3 4 5 6 7 8 9 10 (please circle)**

1. On a scale of 1 – 10 did you feel that your counsellor was empathic to your needs?

 **1 2 3 4 5 6 7 8 9 10 (please circle)**

1. On a scale of 1 – 10 did you feel listened to and supported by your counsellor?

 **1 2 3 4 5 6 7 8 9 10 (please circle)**

1. On a scale of 1 – 10 has counselling helped you understand & manage the issues you came with thus enabling you to move forward (for you as an individual)?

 **1 2 3 4 5 6 7 8 9 10 (please circle)**

1. Would you recommend the service to others?  **Yes/No**

**Do you have any suggestions to improve our Service or give us a compliment?** (Please be as honest as you want to be and place your Comments/Suggestions in the box below)

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