150-A West High Street

Somerville, NJ 08876

908/725.7799—phone

908/725-0284—fax

Admin@jewishfamilysvc.org

**CLIENT SATISFACTION SURVEY**

Name (Optional) Date

In order that we may better serve you and others, we would appreciate your taking the time to answer our questions. All results are **confidential** and are only in the interest of improving our programs and treatment.

Please give your responses by circling the best answer.

How would you rate the overall quality of service you received?

*Excellent Very Good Good Fair Poor*

How satisfied were you with your treatment?

*Completely Satisfied Very Satisfied Satisfied Somewhat Dissatisfied Very Dissatisfied*

How much did your treatment help with your problems?

*A Great Deal Significantly Somewhat A Little Not at All*

If you needed help in the future, would you seek assistance from us? *Yes Maybe No*

How have your coping skills improved in dealing with stress/personal crises?

*Not at All Improved somewhat Improved greatly*

Would you recommend Jewish Family Service to family and friends? *Yes Maybe No*

Please share with us any comments (positive and negative) about your experience with Jewish Family Service.

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We thank you for your cooperation in filling out this survey.