

# Mental Health Counseling Patient Satisfaction Survey

Name (optional)

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Email (optional)

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How satisfied are you with your overall counseling experience?

1

2

3

4

5

Did you feel heard and respected by your counselor?

Yes

No

How easy was it to schedule your appointment?

Very Easy

Easy

Neutral

Difficult

Very Difficult

What could we do to improve our services?

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Additional comments

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