

LIFE CHOICES ONLINE

CLIENT SATISFACTION SURVEY

Please take a moment to give us an opinion about your experience with Life Choices Online. We strive to provide respectful, professional assistance and would appreciate your letting us know how we did.

1). Were you provided with helpful information about choosing Telephonic Therapy?
 Yes No (If no, please explain).

2). Did you receive respectful and helpful assistance with any questions you might have had?
 Yes No (If no, please explain).

3). Was the process on how to begin Therapy easily understood?
 Yes No (If no, please explain).

4). How helpful did you find the therapy experience? Please provide a full answer below.

5). Did your therapist seem knowledgeable, respectful, and supportive during your sessions?

6). Please indicate whether or not your treatment goals were met fully, partially, or not at all.

7). What would you like to see on this website, is there anything you would find helpful?

8). Would you recommend Life Choices Online to someone you know who is looking for therapy services? Why or why not?

9). Would you recommend the therapist who worked with you to someone you know who is seeking a therapist? Why or why not?

10). Please use this space to write any thoughts or comments you wish to share. We take them seriously and appreciate your time.