

Practice:

Practitioner:

Date:

Client:

Please let us know how the session went for you. Be honest. We greatly value your feedback.
Please tick the appropriate box

OFFICE USE ONLY

1. Did you feel heard and understood in the session?

It's important to feel that there was respect for your perspective.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very much

2. Did you feel the session focused on the issues that matter to you?

It's important to feel you are working on the topics that are the most important to you.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very much

3. How helpful did you find the session?

It's important to feel some benefit from the session.

Not at all helpful 0 1 2 3 4 5 6 7 8 9 10 Very helpful

4. What stood out as being particularly helpful to you in this session?

This helps your therapist to understand how best to work with you. Please feel free to write as little or as much as you wish. Your feedback is very valuable. (NB if 'no comment' please write 'n')

5. Did anything stand out as being particularly unhelpful to you in this session?

*Please be as open and honest as possible - this is about the session and the therapist won't be offended!
It's just as important to know what hasn't worked for you as to know what has been useful.
(NB if 'no comment' please write 'n')*

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6. Is there anything else that you feel may be important to feed back to the therapist?

There may be other factors that you felt helped or hindered the session. Please feel free to share them with your therapist. Remember, we very much welcome your honest feedback. (NB if 'no comment' please write'n')

7. Overall, How happy do you feel with the service you're receiving?

Taking everything above into account, please give an overall rating.

Not at all happy 0 1 2 3 4 5 6 7 8 9 10 Very happy

Instructions to Therapist

Ensure the client understands how to respond to each question.

TOTAL SCORE