



CLIENT SATISFACTION QUESTIONNAIRE

CSQ-8

Please help us improve our service by answering some questions about the help that you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much. We appreciate your help.

CIRCLE YOUR ANSWERS

1. How would you rate the quality of service you received?

4 <i>Excellent</i>	3 <i>Good</i>	2 <i>Fair</i>	1 <i>Poor</i>
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2. Did you get the kind of service you wanted?

1 <i>No, definitely not</i>	2 <i>No, not really</i>	3 <i>Yes, generally</i>	4 <i>Yes, definitely</i>
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3. To what extent has our service met your needs?

4 <i>Almost all of my needs have been met</i>	3 <i>Most of my needs have been met</i>	2 <i>Only a few of my needs have been met</i>	1 <i>None of my needs have been met</i>
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4. If a friend were in need of similar help, would you recommend our service to him or her?

1 <i>No, definitely not</i>	2 <i>No, I don't think so</i>	3 <i>Yes, I think so</i>	4 <i>Yes, definitely</i>
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5. How satisfied are you with the amount of help you received?

1 <i>Quite dissatisfied</i>	2 <i>Indifferent or mildly dissatisfied</i>	3 <i>Mostly satisfied</i>	4 <i>Very satisfied</i>
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6. Have the services you received helped you to deal more effectively with your problems?

4 <i>Yes, they helped a great deal</i>	3 <i>Yes, they helped somewhat</i>	2 <i>No, they really didn't help</i>	1 <i>No, they seemed to make things worse</i>
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7. In an overall, general sense, how satisfied are you with the service you received?

4 <i>Very satisfied</i>	3 <i>Mostly satisfied</i>	2 <i>Indifferent or mildly dissatisfied</i>	1 <i>Quite dissatisfied</i>
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8. If you were to seek help again, would you come back to our service?

1 <i>No, definitely not</i>	2 <i>No, I don't think so</i>	3 <i>Yes, I think so</i>	4 <i>Yes, definitely</i>
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WRITE ANY COMMENTS OVERLEAF

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Comments*Please use this section to add any comments or suggestions that you have***Participant trial number:***Please complete before issuing to the patient*

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Date of birth:	<i>dd/mm/yyyy</i>
Date completed:	<i>dd/mm/yyyy</i>

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