

## CLIENT SATISFACTION QUESTIONNAIRE (CSQ-8) UK English

**[Form to be completed by each partner separately]**

A CSQ-8 should be completed by both partners during the first cycle of treatment and 19 months (and 25 months for couples who conceive within 450 days of randomisation).

Couple Trial ID:

 / 

Date of completion

 -  - 

## Section 1 - 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.

## SELECT YOUR ANSWERS

1. How would you rate the quality of service you received? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. Did you get the kind of service you wanted? ☐ No, definitely not ☐ No, not really ☐ Yes, generally ☐ Yes, definitely
3. To what extent has our service met your needs?  
☐ Almost all of my needs have been met ☐ Most of my needs have been met ☐ Only a few of my needs have been met  
☐ None of my needs have been met
4. If a friend were in need of similar help, would you recommend our service to him or her?  
☐ No, definitely not ☐ No, I don't think so ☐ Yes, I think so ☐ Yes, definitely
5. How satisfied are you with the amount of help you received?  
☐ Quite dissatisfied ☐ Indifferent or mildly dissatisfied ☐ Mostly satisfied ☐ Very satisfied
6. Have the services you received helped you to deal more effectively with your problems?  
☐ Yes, they helped a great deal ☐ Yes, they helped somewhat ☐ No, they really didn't help ☐ No, they seemed to make things worse
7. In an overall, general sense, how satisfied are you with the service you received?  
☐ Very satisfied ☐ Mostly satisfied ☐ Indifferent or mildly dissatisfied ☐ Quite dissatisfied
8. If you were to seek help again, would you come back to our service?  
☐ No, definitely not ☐ No, I don't think so ☐ Yes, I think so ☐ Yes, definitely

Please add any comments:

  
  
  

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