

Therapist ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

## CLIENT SATISFACTION QUESTIONNAIRE

### Child/Adolescent Version

Please rate the accuracy of these statements by selecting VERY MUCH FALSE (1), MOSTLY TRUE (2), BOTH TRUE AND FALSE (3), MOSTLY TRUE (4), or VERY MUCH TRUE (5).

	Very Much False	Mostly False	Both True & False	Mostly True	Very Much True
1. The MAIN problems that I wanted help with have improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. OTHER problems that I had before coming here for therapy have improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am happy with what I have learned and my progress in therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My treatment has improved other parts of my life (e.g. family relationships, my relationships with my friends, my own mood).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know what to do if my problems get worse or bother me again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My therapist has explained what we are doing in counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand how Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My parents have been included in counseling. They talk with the therapist and have sessions with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My therapist has listened to my thoughts, worries, and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My therapist knows how to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If a friend needed the same kind of help, I would tell them to come here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, I am happy with the therapy I got here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What were the MOST HELPFUL parts of your therapy?

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14. What were the parts of counseling you liked the LEAST?

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15. How could we make the counseling experience better? Please list your suggestions/thoughts:

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