



# Stuart Fensterheim CISW

Please give a score between 1 and 10 ten being the best.

Date \_\_\_\_\_

Type of visit:     **Group**   **Individual**

1. How would you rate the ease of getting an appointment? \_\_\_\_\_
2. How would you rate the friendliness and helpfulness of the receptionist?  
\_\_\_\_\_
3. How would you rate the Clinician's ability to listen and understand your problem and answer your questions? \_\_\_\_\_
4. How would you rate the Clinician's ability to include you in establishing treatment goals that reflect the problems that brought you to treatment?  
\_\_\_\_\_
5. How much are you helped by the care you are receiving? \_\_\_\_\_
6. In general, how satisfied are you by the services with Stuart Fensterheim?  
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Comments:

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