Client Service Assessment Tool

Your feedback is very important. This form is designed to help us understand your experience and improve the services offered. All responses are confidential. Please be honest—your input will help shape a better experience for you and others.

Instructions: For each statement below, rate your level of agreement.

1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

1. Accessibility & First Impressions

The process of booking or starting sessions was easy.

1 2 3 4 5

Information about services was clear.

1 2 3 4 5

I felt welcomed and respected.

1 2 3 4 5

2. Quality of Support

My counselor listened attentively and with empathy.

1 2 3 4 5

My personal and/or spiritual concerns were understood.

1 2 3 4 5

The tools, resources, or exercises provided were helpful.

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1 2 3 4 5

3. Outcomes & Impact

I feel more hopeful or supported after sessions.

1 2 3 4 5

I have practical strategies or insights I can use.

1 2 3 4 5

The sessions helped me feel more connected (to myself, others, or spiritually).

1 2 3 4 5

4. Comfort & Safety

I felt safe sharing openly during sessions.

1 2 3 4 5

Confidentiality was respected.

1 2 3 4 5

My cultural, spiritual, or personal beliefs were honored.

1 2 3 4 5

5. End-of-Life Care Evaluation

If I sought support related to serious illness or end-of-life concerns, I felt supported with compassion and dignity.

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The sessions helped me feel more at peace regarding end-of-life realities.

1 2 3 4 5

6.

7. Open-Ended Feedback

What aspects of the service were most helpful to you?

What aspects of the service could be improved?

Would you recommend this service to others? Why or why not?

Additional comments:

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8. Optional

I consent to allow my anonymous feedback to be used as a testimonial on the website or promotional materials.

☐ Yes ☐ No

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