



PBP CONSULTANCY

Committed to the provision of confidential professional counselling

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Quality Assurance Survey

Please complete this survey and send back to PO Box 18, Hallam VIC 3803 when you have finished therapy. Your feedback is important and helps to structure future services. Thank you.

1. Did you receive a clear explanation of the service you were to receive?
2. Did you feel you were treated with respect?
3. Was your consent to undergo psychological treatment obtained before and during treatment?
4. Were you informed about the nature and limits of confidentiality?
5. Did you have any concerns about the confidentiality or safety of the personal information you supplied during your sessions?
6. Please circle the degree of **professionalism** shown by your psychologist?
0 1 2 3 4 5 6 7 8 9 10
Poor Highly Professional
7. How **competent** do you believe your psychologist was in dealing with your specific concerns?
0 1 2 3 4 5 6 7 8 9 10
Incompetent Highly Competent
8. Did you receive a clear statement concerning fees and cancellation policies?
Yes No
9. Were you aware of the goals you and your psychologist were working towards?
Yes No
10. Were you given an estimate of the number of sessions that would be required to meet your goals?
Yes No
11. Did you receive a service free of sexual harassment?
Yes No

12. Did you feel your cultural background and/or religious beliefs were respected?

Yes

No

13. Were you comfortable in the room where your sessions were held?

Yes

No

14. Did you find the information you obtained during sessions useful (e.g. from handouts, pamphlets etc)?

Yes

No

15. How **happy** are you with the overall service you received?

0 1 2 3 4 5 6 7 8 9 10

Unhappy

Very Happy

16. Do you have any other comments/suggestions you would like to make about the service or your psychologist? (*your honesty is appreciated*)

Thank You very much for taking time to complete this survey.