

# Sample Client Satisfaction Survey

## CLIENT SATISFACTION QUESTIONNAIRE

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinion, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions on the bottom of this form. Thank you very much. We really appreciate your feedback.

**Program:** Immigration Legal Services **Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

### Ethnicity:

Please put a check on the line after the group that best describes your ethnicity.

Asian/Pacific Islander \_\_\_\_\_ Biracial/Mixed \_\_\_\_\_ Black/African American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_  
 Native American \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Other \_\_\_\_\_

	Strongly Agree	Agree	Not Sure Or Neutral	Disagree	Strongly Disagree
1. The quality of the service I received was excellent					
2. I got the kind of service I wanted.					
3. The program met my needs.					
4. If a friend were in need of similar help, I would recommend this program to him or her.					
5. I was satisfied with the amount of help I received					
6. The services helped me to deal more effectively with my problems.					
7. In an overall sense, I was satisfied with the services I received.					
8. If I was to seek help again, I will come back to this program.					

### Comments:

Please mail survey to Director of Catholic Charities at Address, City and State.