

Client Information

<i>Client Name</i>	Demo Client
<i>Date of birth (age)</i>	16 April 1990 (30)

Assessment Information

<i>Assessment</i>	Client Satisfaction Survey (CSS)
<i>Date administered</i>	5 October 2020
<i>Assessor</i>	Mr Demo Account
<i>Time taken</i>	1 minutes 1 seconds

Results

	Value
Total Satisfaction	30

Interpretive Text

	This individual was satisfied
	On average this individual agreed that they were satisfied with the service.

Scoring and Interpretation Information

	A numerical score between 0 and 40 is presented, where higher scores mean higher levels of satisfaction. The clients are also asked to make comment on the following two questions.
	1. Other areas of strength
	2. Suggestions for improvements

Client Responses

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	The practitioner was prepared for my visits	5	4	3	2	1
2	The practitioner understood my concerns	5	4	3	2	1
3	The practitioner gave me as much information as I wanted about what I could do to manage my condition	5	4	3	2	1
4	Therapy has helped me improve the quality of my life	5	4	3	2	1
5	I was able to schedule appointments at times that suited me	5	4	3	2	1
6	The information I received (materials, what staff/practitioners told me, etc.) was consistent	5	4	3	2	1

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Client Responses (cont.)		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7	The reception staff were friendly and helpful	5	4	3	2	1
8	All things considered, I am satisfied with the service I received	5	4	3	2	1
9	Other areas of strength	Not Completed				
10	Suggestions for improvements	Not Completed				