

**CARE AND COUNSELING CENTER OF GEORGIA**  
**1814 Clairmont Road, Decatur, GA 30033**

**Client Evaluation**

**Instructions:** Our Center is committed to meeting the needs of those people seeking our help. Since you have recently used or are currently using our services, we are interested in your comments and reactions. Would you please share with us your opinions by filling out this questionnaire and returning it to us in the envelope provided? When you answer, please circle the number closest to the way you feel about the statement.

**1-Strongly Disagree   2-Disagree Some   3-No Opinion   4-Agree Some   5-Strongly Agree**

**Part I –**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| a. Service was provided quickly after I first contacted the Center | 1 | 2 | 3 | 4 | 5 |
| b. CCCG's hours were/are convenient                                | 1 | 2 | 3 | 4 | 5 |
| c. The Center is conveniently located & the space is welcoming     | 1 | 2 | 3 | 4 | 5 |
| d. I had a clear understanding of the services of the Center       | 1 | 2 | 3 | 4 | 5 |
| e. My counselor and I agreed on what services were needed          | 1 | 2 | 3 | 4 | 5 |
| f. CCCG was able to provide what I needed                          | 1 | 2 | 3 | 4 | 5 |
| g. I would recommend CCCG to other people                          | 1 | 2 | 3 | 4 | 5 |
| h. My counselor and I worked well together                         | 1 | 2 | 3 | 4 | 5 |
| i. I feel I was helped to accomplish what I set out to do          | 1 | 2 | 3 | 4 | 5 |
| j. The service I received is making a difference in my life        | 1 | 2 | 3 | 4 | 5 |
| k. I like myself better now  | 1 | 2 | 3 | 4 | 5 |
| l. I get along better with people now                              | 1 | 2 | 3 | 4 | 5 |
| m. I feel more able to handle my own problems                      | 1 | 2 | 3 | 4 | 5 |
| n. Others see a change in my behavior                              | 1 | 2 | 3 | 4 | 5 |
| o. I have benefited spiritually from this experience               | 1 | 2 | 3 | 4 | 5 |

**Part II –**

1. Why did you choose CCCG for your counselor over other agencies or private counselors?
  
  
  
  
  
  
  
  
  
  
2. What type of counseling did you receive or are you receiving?  
\_\_\_\_ Individual   \_\_\_\_ Marital   \_\_\_\_ Family   \_\_\_\_ EAP   \_\_\_\_ Other
  
3. Number of therapy sessions to date:   \_\_\_\_ 1-5   \_\_\_\_ 6-20   \_\_\_\_ 20+
  
4. What other programs and/or services would you like to see CCCG offer?
  
  
  
  
  
  
  
  
  
  
5. Please add any additional comments:
  
  
  
  
  
  
  
  
  
  
6. Name of your counselor \_\_\_\_\_

**Thanks for your help. If we can be of further assistance to you, your family or friends, please call the Care and Counseling Center of Georgia at 404-636-1457.**