



## Client Satisfaction Survey

**Thank you** for completing the Client Satisfaction Survey.

We would like to know your level of satisfaction with H&H Health Associates' services. Please take a few minutes to share your opinions. Your responses are confidential and individual ratings will not be reported.

By mail: H&H Health Associates, Inc.  
3660 South Geyer Road  
Suite 100, Laumeier III  
St. Louis, MO 63127

By fax: **314.845.8087**

By email: [www.hhhealthassociates.com](http://www.hhhealthassociates.com) and click on the contact tab or to [counsel@hhhealthassociates.com](mailto:counsel@hhhealthassociates.com)

Please rate your satisfaction level with each of the following statements.

- 1 = completely satisfied/agree
- 2 = mostly satisfied/agree
- 3 = dissatisfied/disagree
- 4 = N/A

### Services

- |   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Counseling was at a convenient time and location for me.         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. Help-line staff were courteous, professional, and knowledgeable. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. I was served in a confidential manner.                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. I recommend that the service continue to be made available.      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5. I would use the service again.                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

### My counselor was:

- |                                  |                            |                            |                            |                            |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 6. Helpful.                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7. A good listener.              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8. Understanding of my concerns. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9. Professional.                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Counselor's name:

### Company

- |   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 10. Overall, how satisfied are you with H&H Health Associates, Inc. as a company? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 11. How can H&H Health Associates, Inc. improve your customer experience?         |                            |                            |                            |                            |

Your feedback helps us continually improve H&H Health Associates' services to you.

If you'd like to speak with someone from H&H, you may contact Tim Hobart, CEO at 314.845.8302, ext. 207