



Care and Counseling
Center of Georgia

We always start with the care

Counseling Client Evaluation

Instructions: Please take a few moments to give us feedback about your experience at the Care and Counseling Center of Georgia. Your comments will help us improve our services.

Date:	/ /
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Male to Female <input type="checkbox"/> Female to Male <input type="checkbox"/> Other
Age Group:	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 60+
Approximate number of sessions with your current therapist:	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 7-15 <input type="checkbox"/> 16 or more
Do you identify as Hispanic/Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please choose your racial group:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____
Military/Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of counseling are you receiving?	<input type="checkbox"/> Individual <input type="checkbox"/> Couple/Marital <input type="checkbox"/> Family <input type="checkbox"/> Child/Adolescent <input type="checkbox"/> IOP <input type="checkbox"/> Other: _____
I was referred to CCCG by:	<input type="checkbox"/> Friend/Family <input type="checkbox"/> Minister/Church Staff <input type="checkbox"/> Insurance <input type="checkbox"/> Co-worker/EAP <input type="checkbox"/> Internet search
Please select which location(s) you visit for CCCG counseling:	<input type="checkbox"/> Buckhead <input type="checkbox"/> Conyers <input type="checkbox"/> Covington <input type="checkbox"/> Decatur (CCCG Main Office) <input type="checkbox"/> Dunwoody <input type="checkbox"/> Gainesville <input type="checkbox"/> Grant Park <input type="checkbox"/> HEALing Center <input type="checkbox"/> Lake City <input type="checkbox"/> Mableton <input type="checkbox"/> Marietta <input type="checkbox"/> Marietta on the Square <input type="checkbox"/> N. DeKalb <input type="checkbox"/> ITC <input type="checkbox"/> Smyrna <input type="checkbox"/> Stone Mountain <input type="checkbox"/> Winder <input type="checkbox"/> West Atlanta

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was able to get my first appointment in a timely manner.	<input type="checkbox"/>				
Appointment and scheduling procedures were clearly communicated.	<input type="checkbox"/>				
The counseling space seems welcoming to me.	<input type="checkbox"/>				
I quickly developed trust in my counselor.	<input type="checkbox"/>				
My counselor is both caring and professional.	<input type="checkbox"/>				
I feel listened to and understood by my counselor.	<input type="checkbox"/>				
My counselor helps me identify my concerns and we discuss them.	<input type="checkbox"/>				
I am satisfied with the care I have received so far.	<input type="checkbox"/>				
I feel that I have developed better ways of coping with the problems, feelings, or situation that brought me to CCCG.	<input type="checkbox"/>				
I am better prepared now to work through future challenges.	<input type="checkbox"/>				
I am satisfied with the progress I am making.	<input type="checkbox"/>				
My experience at CCCG has positively affected my life.	<input type="checkbox"/>				

My counseling has been effective and helpful to me.	<input type="checkbox"/>				
Overall I feel better about myself, my life, and my relationships.	<input type="checkbox"/>				
Counseling has made a significant positive difference in my life.	<input type="checkbox"/>				
My counseling benefits me spiritually or strengthens my faith.	<input type="checkbox"/>				
People close to me see a change in me since I started counseling.	<input type="checkbox"/>				
I would recommend CCCG to others seeking counseling.	<input type="checkbox"/>				

	High	Medium - High	Medium	Medium -Low	Low
Please rate the overall level of distress that brought you to counseling.	<input type="checkbox"/>				
Please rate the overall level of distress that you now feel.	<input type="checkbox"/>				
Please rate the level of confidence in your own strengths and resources at the time you started counseling.	<input type="checkbox"/>				
Please rate the level of confidence in your own strengths and resources at this time.	<input type="checkbox"/>				
	Excellent	Good	Average	Poor	Very Poor
When I started counseling I felt that my ability to function in daily life was	<input type="checkbox"/>				
Now I feel that my ability to function in daily life is	<input type="checkbox"/>				
When I started counseling I felt that my significant relationships were in this type of condition	<input type="checkbox"/>				
Now I feel that my significant relationships are in this type of condition	<input type="checkbox"/>				
When I started counseling I felt that my physical health was	<input type="checkbox"/>				
Now I feel that my physical health is	<input type="checkbox"/>				
When I started counseling I felt that my career/employment status was	<input type="checkbox"/>				
Now I feel that my career/employment status is	<input type="checkbox"/>				

I have met _____% of my goals for counseling.

(Optional) Please add any additional comments:

(Optional) Name of your counselor: _____

Please return this form to the receptionist; to Carol Pitts, Clinical Director; or mail it to CCCG at 1814 Clairmont Road, Decatur GA 30033