

HEALTHY INTERACTIONS GROUP

NAME: NICKI WAR MACKINZIE DATE: 05-12-2022

CLIENT SATISFACTION SURVEY

1) The program description and information provided before entering the program was clear and sufficient. 1 = strongly agree, 5 = strongly disagree

1                      2                      3                      4                      ~~5~~

2) Please rank the sessions in order of what was the most helpful (1) and what was the least helpful (12), if you did not attend the session with the subject, you may leave blank, and reduce the total number (i.e. 1 not used, rank 1 to 12)

<u>6</u> Codependency	<u>9</u> Healthy Relationships
<u>5</u> Values/Core Beliefs	<u>11</u> Forgiveness/Letting Go
<u>7</u> Guilt/Shame	<u>2</u> Grief
<u>4</u> Stress Management	<u>12</u> Self Esteem
<u>1</u> Communication Skills	<u>10</u> Thinking Errors/Thought Map
<u>3</u> Boundaries	<u>8</u> Anger Management

3) Are there any topics that you feel should be addressed in this program?

NO, I think every topic was well put together with information that was clear and easy to apply and understand.

4) The program times and dates meet my scheduling needs? 1 = strongly agree, 5 = strongly disagree

1                      2                      3                      4                      ~~5~~

5) I feel this program will help me deal with difficult domestic situations in the future. 1 = strongly agree, 5 = strongly disagree

1                      2                      3                      4                      ~~5~~

6) I believe this program was beneficial to me. 1 = strongly agree, 5 = strongly disagree

1                      2                      3                      4                      ~~5~~

7) Should this program continue to be offered as an alternative to traditional sentencing for individuals in situations similar to yours? YES                      NO