

University of Utah Counseling Center Client Experiences Questionnaire

Your University ID: _____

Date: _____

*Thank you for taking the time to fill out the Client Experiences Questionnaire. Your candid responses will help us continue to serve you and others at the University of Utah to the best of our abilities. Your responses on this questionnaire will be used for quality control only and will **not** affect the services you receive at the Counseling Center.*

DIRECTIONS: Check the box in Column A for each item you have focused on in counseling since your most recent UCC intake.

If you check Column A: Circle the number that represents how much you agree with the statement “I have made progress on this issue in counseling” in Column B. If it is too soon to tell or if you feel the issue has gotten worse, circle the corresponding value.

If you do not check Column A: Leave Column B blank.

Since your most recent UCC intake...	A. Check if you have focused on this issue.	B. Circle how much you agree with the statement “I have made progress on this issue in counseling.”								
		Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	Too Soon to Tell	Gotten Worse
1. Academic	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
2. ADHD/ADD	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
3. Adjustment to U of Utah	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
4. Adjustment to Salt Lake City	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
5. Adjustment to U.S.A.	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
6. Anger Management	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
7. Anxiety	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
8. Bipolar Disorder	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
9. Body Image	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
10. Career Issues/Questions	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
11. Depression	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
12. Discrimination	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W

► Continue on next page

		Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	Too Soon to Tell	Gotten Worse
13. Divorce/Separation	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
14. Eating Disorder	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
15. Existential/Identity Issues	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
16. Family (Being a Parent)	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
17. Family I Grew Up In	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
18. Financial	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
19. Grief/Loss	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
20. Health/Medical	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
21. Learning Disorder	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
22. Legal Issues	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
23. Loneliness	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
24. Obsessive Compulsive Disorder	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
25. Post-Traumatic Stress Disorder	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
26. Pornography Use	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
27. Racism	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
28. Relationship with Friends	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
29. Relationship with Partner	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
30. Religion	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
31. Self-Esteem	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
32. Self Harm	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
33. Sexual Assault	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
34. Sexual Concerns	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
35. Sexual Orientation	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
36. Shyness	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
37. Social Anxiety	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
38. Social Skills	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
39. Stress	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
40. Substance/Alcohol	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
41. Suicide Attempt	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
42. Test/Performance Anxiety	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
43. Thought Disorder/Hallucinations	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
44. Thoughts about Suicide	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
45. Trauma	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
46. Work Concerns	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W
47. Other: _____	<input type="checkbox"/>	1	2	3	4	5	6	7	TS	W

Check the items that brought you to the UCC for your most recent intake.

- | | | | | | |
|------------------------------|------------------------------|------------------------------|--------------------------------|------------------------------|---------------------------------|
| 1. <input type="checkbox"/> | Academic | 17. <input type="checkbox"/> | Family I Grew Up In | 33. <input type="checkbox"/> | Sexual Assault |
| 2. <input type="checkbox"/> | ADHD/ADD | 18. <input type="checkbox"/> | Financial | 34. <input type="checkbox"/> | Sexual Concerns |
| 3. <input type="checkbox"/> | Adjustment to U of Utah | 19. <input type="checkbox"/> | Grief/Loss | 35. <input type="checkbox"/> | Sexual Orientation |
| 4. <input type="checkbox"/> | Adjustment to Salt Lake City | 20. <input type="checkbox"/> | Health/Medical | 36. <input type="checkbox"/> | Shyness |
| 5. <input type="checkbox"/> | Adjustment to U.S.A. | 21. <input type="checkbox"/> | Learning Disorder | 37. <input type="checkbox"/> | Social Anxiety |
| 6. <input type="checkbox"/> | Anger Management | 22. <input type="checkbox"/> | Legal Issues | 38. <input type="checkbox"/> | Social Skills |
| 7. <input type="checkbox"/> | Anxiety | 23. <input type="checkbox"/> | Loneliness | 39. <input type="checkbox"/> | Stress |
| 8. <input type="checkbox"/> | Bipolar Disorder | 24. <input type="checkbox"/> | Obsessive Compulsive Disorder | 40. <input type="checkbox"/> | Substances/Alcohol |
| 9. <input type="checkbox"/> | Body Image | 25. <input type="checkbox"/> | Post-Traumatic Stress Disorder | 41. <input type="checkbox"/> | Suicide Attempt |
| 10. <input type="checkbox"/> | Career Issues/Questions | 26. <input type="checkbox"/> | Pornography Use | 42. <input type="checkbox"/> | Test/Performance Anxiety |
| 11. <input type="checkbox"/> | Depression | 27. <input type="checkbox"/> | Racism | 43. <input type="checkbox"/> | Thought Disorder/Hallucinations |
| 12. <input type="checkbox"/> | Discrimination | 28. <input type="checkbox"/> | Relationship with Friends | 44. <input type="checkbox"/> | Thoughts about Suicide |
| 13. <input type="checkbox"/> | Divorce/Separation | 29. <input type="checkbox"/> | Relationship with Partner | 45. <input type="checkbox"/> | Trauma |
| 14. <input type="checkbox"/> | Eating Disorder | 30. <input type="checkbox"/> | Religion | 46. <input type="checkbox"/> | Work Concerns |
| 15. <input type="checkbox"/> | Existential/Identity Issues | 31. <input type="checkbox"/> | Self-Esteem | 47. <input type="checkbox"/> | Other: _____ |
| 16. <input type="checkbox"/> | Family (Being a Parent) | 32. <input type="checkbox"/> | Self Harm | | |

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	Too Soon to Tell
1. I was thinking of leaving the U of U before counseling (or I was fearful that I would have to leave).	1	2	3	4	5	6	7	TS
2. Counseling has helped me stay at the U of U.	1	2	3	4	5	6	7	TS
3. Counseling has helped me improve my academic performance.	1	2	3	4	5	6	7	TS
4. Counseling has enhanced my experience at the U of U.	1	2	3	4	5	6	7	TS
5. Counseling has helped me think in more complex ways.	1	2	3	4	5	6	7	TS
6. Counseling has helped with my ability to attend, concentrate, and/or persist at academic tasks.	1	2	3	4	5	6	7	TS
7. Counseling has helped me improve non-academic areas of my life.	1	2	3	4	5	6	7	TS
8. Counseling has improved my interpersonal skills.	1	2	3	4	5	6	7	TS
9. Counseling has improved the quality of my relationships.	1	2	3	4	5	6	7	TS
10. Counseling has improved my ability to "be myself."	1	2	3	4	5	6	7	TS

1. a) If you are working on more or different issues than you initially came in for, what do you think accounts for this?

b) How is this impacting what you are getting out of counseling?

2. What else would you like us to know about your experience at the Counseling Center?

Thank you, thank you, thank you!!! Your feedback is very much appreciated. 😊