

Evaluation questionnaire for life counselling

It is a matter of great concern to the staff of our counselling centre to constantly check and optimise the quality of the consultations for the benefit of our clients. For this reason, we ask you to fill in the following questionnaire. Your details will of course be treated anonymously and in accordance with the European General Data Protection Regulation (GDPR).

My counsellor was

Please tick the boxes that are most relevant to you. (Please check only one box at a time.)

a = Not at all correct b = Not really correct c = Somewhat correct d = Completely correct

- | | a | b | c | d |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I felt understood and accepted by the counsellor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The counselling provided me with emotional relief. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The approach and commitment of the counsellor gave me courage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. As a result of the consultation, I was able to understand my life situation better. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the consultation, I received important suggestions and gained new experiences on how to change my situation positively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I was able to actively participate in the consultation session. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The initial problem has been resolved: | | | | |
| | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| If no: | | | | |
| I can now deal with the problem better: | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |

Please turn over!

Concluding questions

8. Overall I am satisfied with the consultation.

9. My life satisfaction compared to the time before the consultation is
better unchanged worse

10. I would
recommend not recommend
the counsellor.

11. In case of future problems in my life or with my education, I would
certainly use the help of this counselling centre again.

12. How long was the waiting time for an appointment?

13. How did you hear about our counselling centre?

- Doctor Internet Friends
 other (please specify) _____

14. Just two more questions for statistical purposes:

Your gender: female male other

Your age: _____