



# Counselling and Benefit Support Limited

## Customer Satisfaction Survey

We should be grateful if you would take a few minutes to fill this form in based on the advice clinic

**Thank you for your time**

<b>Your Name:</b>	<b>Contact: ( optional )</b>
<b>Advisor:</b>	<b>Date:</b>

**1) Did the advisor deliver the results and quality you were expecting?**

- Less than expected       As expected       More than expected       A lot more than expected

**2) The advice was.....**

- Poor       Fair       Good       Excellent

**3) Did you feel the advisor was knowledgeable in the area ?**

- Not really       Fairly       Adequately       Extremely

**4) Was the advisor creative and flexible in their approach to educating you?**

- Less than expected       As expected       More than expected       A lot more than expected

**5) Did the advisor listen, offer advice and explain solutions clearly?**

- Less than expected       As expected       More than expected       A lot more than expected

**6) Would you recommend attending the advice clinic to others?**

- No       Maybe       Probably       Definitely

**Outcome of clinic appointment**



**Comments**

**Please check this box if you are willing to act as a reference for our company in the future**