

**Client Information Sheet**

**About our evaluation:**

* We would like you to complete a brief questionnaire before and after your contact with the therapy service.
* Completing the questionnaires is entirely voluntary and you are free to choose whether you wish to complete them or not.
* Your response to the questionnaires help us understand more about the problems that counselling/therapy is required to address, the problems which counselling/therapy is most effective in helping, and the way in which our services can be improved.
* The information from the questionnaires will be treated as strictly confidential, no names are used on any questionnaires, and no one other than ourselves will have access to you responses.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_