



Quality Assurance Survey

As a general measure of quality assurance, we would like to know about your experiences at North Star Guidance Center. The information will be used to improve the comfort and efficiency of future experiences.

Has your experience in the waiting room been comfortable?

Never Rarely Sometimes Often

Between the hours of 10am -6pm was the office staff prompt and courteous?

Never Rarely Sometimes Often

Have your phone calls been returned promptly and in a courteous manner?

Never Rarely Sometimes Often

Have your service providers at North Star Guidance Center been:

Helpful Never Rarely Sometimes Often

Attentive Never Rarely Sometimes Often

Knowledgeable Never Rarely Sometimes Often

Skilled Never Rarely Sometimes Often

Professional Never Rarely Sometimes Often

Prompt Never Rarely Sometimes Often

Have you ever had to contact the on- call clinician after hours? Yes No

If so, did you find it helpful? Yes No

How would you rate your overall experience at North Star Guidance Center?

Below My Expectations Meets My Expectations Exceeds My Expectations

Please feel free to share any comments or suggestions regarding the quality of our services.

Your Name: (Optional) _____

Clinician's Name: (Optional) _____

Thank you!