University of Malta Counselling Unit – Feedback Form

Kindly fill in the questionnaire below which will help us evaluate and further develop the services we offer. All the information you give us will be treated in strict confidentiality. This form can also be filled online at http://www.um.edu.mt/counselling/feedback

Thank you for your time.
The Counselling Unit Team

1. How did you hear about the Counselling Unit?
   - [ ] Self-Referred
   - [ ] Friend
   - [ ] Tutor/Lecturer
   - [ ] GP
   - [ ] Psychiatrist
   - [ ] Website
   - [ ] Notice board
   - [ ] Other ________________________________

2. How helpful did you find the intake staff?
   - [ ] Very Helpful
   - [ ] Helpful
   - [ ] Don’t Know
   - [ ] Unhelpful
   - [ ] Very Unhelpful
   Comments: ______________________________________________________

3. Did the interim period between your intake session and first session effect you in any way?
   - [ ] Yes
   - [ ] Neutral
   - [ ] No
   Kindly explain your answer: _______________________________________

4. How many counselling sessions have you had this year with the University Counselling Unit?
   - [ ] 1
   - [ ] 2-5
   - [ ] 6-10
   - [ ] 11-15
   - [ ] 15+
   Comments: ______________________________________________________

5. How useful to you was the counselling experience?
   - [ ] Not at all
   - [ ] Not very useful
   - [ ] Don’t Know
   - [ ] Somewhat Useful
   - [ ] Very Useful
   Comments: ______________________________________________________

6. How do you feel the counselling experience has affected you?
   - [ ] For the worse
   - [ ] No effect
   - [ ] For the better
   Kindly explain your answer: _______________________________________

7. How would you rate your counsellor in the following aspects?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

- a. My counsellor was in time for appointments
- b. My counsellor and I worked well together
- c. My counsellor respected me
- d. My counsellor understood me and my problems
- e. My counsellor helped me explore my options and solutions

8. How satisfied are you with the counselling you have received from us?

☐ Very Dissatisfied  Comments:
☐ Dissatisfied
☐ Don’t Know
☐ Satisfied
☐ Very Satisfied

9. How did counselling affect your course/job performance?

☐ Worsened  Comments:
☐ No Effect
☐ Improved
☐ Don’t Know

☐ Other

10. How do you think the service can be improved?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

11. What did you appreciate most about the service?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

12. Please write any further comments you have about the service.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Providing the information below is optional.

13. Kindly fill in the following details:

☐ Male  ☐ Female  Age _______  Faculty ________________  Counsellor ________________________