

### SATISFACTION FEEDBACK SURVEY

**Service/Intervention:** Pre-Marriage Counseling Session

Office Address: \_\_\_\_\_

Name of PM Counselor: \_\_\_\_\_

Date of PM Counseling Session: \_\_\_\_\_

**Instruction:** Rate the kind of service provided from 1 to 5 based on the below listed indicators where 1 as the highest and 5 as the lowest.

No.	Areas for Rating	Rating
	<b>SESSION</b>	
1	The session was comfortable.	
2	The session was informative.	
3	The session was able to give me ideas on what to expect on my marriage life.	
4	The session was helpful in discovering my inner self and that of my partner.	
5	The session has given me an opportunity to reflect on my decision to pursue with the marriage.	
	<b>COUNSELOR</b>	
1	The PM Counselor was friendly and accommodating.	
2	The PM Counselor was facilitative and helpful.	
3	The PM Counselor made us feel comfortable during the entire session.	
4	The PM Counselor was open to our questions and concerns.	
5	The PM Counselor was knowledgeable.	
	<b>TOTAL SCORE</b>	
	<b>Average Score and Adjectival Rate</b>	

Do you have other comment/s? Feel free to share them here:

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Signature of Applicant: \_\_\_\_\_

**Average Score** = Total Score/ No. of items

1 to 1.5 (**Impressed**); 1.6- 2.0 (**Delighted**); 2.1-3.0 (**Happy**); 3.1-4.5 (**Passive**); and 4.5-5 (**Disappointed**)

### Template for the Consolidation of Satisfactory Survey

No. of Sessions	No. of Surveys	Total Average Score	Over-all Average Score
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\*Over-all Average Score = Total Average Score / No. of Surveys