



Or scan to fill out anonymously

**Physician Vitality Program  
Member Satisfaction Survey**

**1. The problems, feelings, or situation that brought me to therapy are:**

Much improved Improved About the same Worse Much worse

**2. Because of therapy, I feel better equipped to manage them in the future.**

Strongly agree Agree Uncertain Disagree Strongly disagree

**3. My therapist was:**

Very helpful Somewhat helpful Somewhat unhelpful Very unhelpful

**4. What in particular caused you to answer #2 and #3 the way you did?**

**5. If I knew a colleague who needed help in the future, I would feel comfortable recommending them to the Physician Vitality Program.**

Definitely yes Probably yes Maybe Probably not Definitely not

**6. How easy was it for you to find a therapist from our program that could address your needs and schedule with you in a timely manner and in a convenient location?**

Very easy Somewhat Easy Somewhat Difficult Very Difficult

**7. How many therapy sessions did you utilize during this benefit period? \_\_\_\_\_**

**Therapists' Name**

**Any other comments or suggestions that you would like to share:**

**If you appreciate the service and are willing to be quoted, by name or anonymously by specialty, what the program has meant to you, please let us know.**

**Please mail  
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