## You are important! Counseling in RuT

Questionnaire on quality of counseling

Quarter/year please enter:



Dear\* advice seekers\*,

We have developed this questionnaire to improve the quality of our counseling. We ask you to fill it out and put it in the mailbox hanging in the entrance room of RuT in Schillerpromenade 1. The mailbox is only emptied four times a year; as a result, the information cannot be assigned and remains anonymous. Alternatively, you can print it out and send it by post without a sender.

If you want to send it by email as an attachment, we will print it out and proceed on our part as described above (letterbox). The questionnaire is for our internal evaluation. Fields that you do not want to answer, simply leave them blank. Thanks!

1. How did you find out about the counseling offered by RuT e.V.?

☐ Personal recommendation	
□ print ad	
□ online display	
□ flyers	
☐ Other:	
2. How old are you?	
□ 18-29	
□ 30-49	
□ 50-64	
□ 65-79	
□ 80-X	
☐ I don't want to state my age.	
3. Do you have a disability?	
☐ Yes.	
□ No.	
☐ I don't want to say.	
4. Is there anything that made access to counseling particularly difficult or easier for you?	
☐ Yes, difficult, namely:	
☐ Yes, easier, namely:	

## 5. External conditions of the consultation: a. The registration procedure ☐ via phone ☐ by email ☐ via the contact form on the website ☐ personal was □ very easy ☐ simple ☐ complicated □ very complicated because: ..... b. The accessibility of the RuT (traffic) is for me □ very good □ good ☐ unfavorable □ very unfavorable because: ..... c. The waiting time for the counseling place was □ very short ☐ short ☐ appropriate ☐ too long □ way too long d. The atmosphere of the consultation room is □ very pleasant □ pleasant ☐ unpleasant because: ..... I have an improvement suggestion for the design of the room: 6. Anonymity in counseling is for me ☐ important ☐ unimportant

and became
□ preserved
□ not preserved
namely:
7. consulting success
a. Has the consultation changed anything for you?
Yes, for the better
□ No,
Yes, to the negative
because:
b. How satisfied are you with the counseling?
□ Very satisfied
□ Satisfied
☐ less satisfied
☐ Dissatisfied
because:
If you were less satisfied or dissatisfied, what did you miss?
What else would you have needed?
What else would you have needed.
c. Would you use the counseling service at RuT again?
☐ Yes.
□ No
d. Would you recommend the counseling service at RuT?
Yes.
□ No
O true of correction
8. type of counseling a. Have you had individual or couples counseling?
individual consultation
□ couples counseling
<b>b.</b> How many counseling appointments did you have?
b. How many counseling appointments did you have:

c. In which consulting area did you receive advice?
sadness, old age, loneliness
disability, illness
partnership, relationship, separation
coming out, sexuality, identity
decisions, life planning
☐ Other:
d. Name of counsellor:
I had counselling with:
☐ I do not want to give the name of the counsellor.
<b>9.</b> Here is room for suggestions, criticism, praise, suggestions:
Thank you for taking the time!

The counseling team from RuT e.V.