

WCMS Healthy Healer Survey

To be filled out by Member after last session with therapist/coach and returned directly to WCMS.

Logistical Information

1. WCMS materials provided sufficient information for choosing a therapist/coach	Agree	Somewhat	Disagree
2. I was able to get an appointment in a timely manner	Agree	Somewhat	Disagree
3. I was able to schedule appointments at a convenient time	Agree	Somewhat	Disagree
4. I was satisfied with the privacy of the setting	Agree	Somewhat	Disagree
5. I was satisfied with the anonymity	Agree	Somewhat	Disagree
6. The cost was reasonable for the services provided	Agree	Somewhat	Disagree

Please describe the importance of each aspect in utilizing services from WCMS' Healthy Healer Program

1. <u>Self</u> -referral only to therapist/coach (HHP doesn't engage in mandated treatment)	Important	Somewhat	Not Important
2. Anonymity from WCMS, employer, health system, etc	Important	Somewhat	Not Important
3. 15% discount on services because of WCMS membership	Important	Somewhat	Not Important
4. WCMS' pre-vetting of therapists/coaches	Important	Somewhat	Not Important

Therapy/Coaching Sessions

1. My therapist/coach was knowledgeable about working with physicians	Agree	Somewhat	Disagree
2. My therapist/coach listened carefully to my concerns	Agree	Somewhat	Disagree
3. My therapist/coach was helpful in addressing my concerns	Agree	Somewhat	Disagree
4. As a result of these sessions, I'm better able to cope with my presenting issue(s)	Agree	Somewhat	Disagree
5. I would recommend these services to a colleague, as appropriate	Agree	Somewhat	Disagree
6. Because of the therapy/coaching, I believe I'm better able to serve my patients	Agree	Somewhat	Disagree
7. Because of the therapy/coaching, I believe I have a better work-life balance	Agree	Somewhat	Disagree

Name of Therapist/Coach: _____

