EAP CLIENT SATISFACTION SURVEY

Your feedback about your EAP session/s is important to us. The information you provide is anonymous and will assist us in evaluating the effectiveness of the service provided. Statistics gathered from the surveys will be included in the annual report given to your organization. Thank you for taking the time to answer the following questions by circling your response.

- EAP personnel were courteous, professional and helpful when I called to make my first appointment.  
  
  Y  N  NA

- My therapist showed me care and concern.  
  
  Y  N  NA

- I was understood by my therapist.  
  
  Y  N  NA

- I understood the information given to me by my therapist.  
  
  Y  N  NA

- If I received a referral, I was satisfied with the appropriateness of the referral.  
  
  Y  N  NA

- My work performance and productivity improved after using EAP.  
  
  Y  N  NA

- My relationship with co-workers improved after using EAP.  
  
  Y  N  NA

- Positive changes were made in my life after using EAP.  
  
  Y  N  NA

- I learned and applied specific skills to feel better and improve my overall mental health and emotional wellbeing after using EAP.  
  
  Y  N  NA

- I would use the EAP again if the need arose.  
  
  Y  N  NA

- I would recommend the EAP to my co-workers.  
  
  Y  N  NA

- I would rate my overall EAP experience as good or better.  
  
  Y  N  NA

Therapist: Allen  Brenda  Roxanne  Betsy  Christian

Comments: __________________________________________________________

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Organization: _____________________________________________ Date: _____________________________

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