

## Client Satisfaction Questionnaire: Employee Assistance Program (EAP)

We are interested in receiving feedback about your experience with the EAP. We are committed to improving our services and would greatly benefit from your input. Your responses will be kept confidential. Please assist us by completing the questionnaire and mailing it to us in the enclosed envelope. **Simply circle the number for each question.**

1. How satisfied were you with your initial contact to the EAP to schedule services?

1-----2-----3-----4-----5  
Not Somewhat Very  
Satisfied Satisfied Satisfied

2. How satisfied were you with the location and appointment time of EAP services?

1-----2-----3-----4-----5  
Not Somewhat Very  
Satisfied Satisfied Satisfied

3. How satisfied were you with the EAP counselor you worked with?

1-----2-----3-----4-----5  
Not Somewhat Very  
Satisfied Satisfied Satisfied

4. Did your work with the EAP counselor help you to understand your problems/concerns better?

1-----2-----3-----4-----5  
Not Somewhat Definitely  
At all Yes

5. Has your work with the EAP helped you feel and function better?

1-----2-----3-----4-----5  
Not Somewhat Definitely  
At all Yes

6. If you experienced problems in the future, would you use the EAP again?

1-----2-----3-----4-----5  
Definitely Maybe Definitely  
No Yes

7. Would you recommend the EAP to a friend or co-worker?

1-----2-----3-----4-----5  
Definitely Maybe Definitely  
No Yes

8. Overall, how satisfied are you with the quality of care provided by the EAP?

1-----2-----3-----4-----5  
Not Somewhat Very  
Satisfied Satisfied Satisfied

9. Additional Comments: please take a minute to provide us any comments or feedback about your experience with the EAP in the space provided below or on the back of this page.

EAP Counselor: \_\_\_\_\_

Thank you for your assistance.