

EAP Satisfaction Survey

Activity number

Company Name:

Counsellor ID

Please shade one box for each question:

Proper marks

Improper marks

Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

Intake and Scheduling

1) I found the EAP easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) I was satisfied with the attention given to me when I first contacted the EAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) The person I spoke to when I first called the EAP was sensitive to my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EAP Service

I felt that the provider:

4 a) understood my problems and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 b) provided relevant information that assisted me with my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 c) helped me consider options and solutions to resolve my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of this service:

5 a) I learned some new things about how to better manage my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 b) I have been able to make positive changes based on what I learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 c) I am better able to function at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 d) I have improved my relationship with co-workers and/or supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 e) I have improved my ability to cope with job demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 f) I have improved my work attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 a) If you had not received assistance, would your problems or concerns likely have caused you to be away from work? Y N

6 b) If "Yes" please estimate how many days you would have been away from work 0-1 2-4 5-10 10-20 >20

Overall

7) I would use the EAP again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) I would recommend the EAP to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Overall, I was satisfied with the EAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Would you agree to have your comments printed anonymously in reports? Y N

Would you mind if we shared these comments with your provider? Y N