

EAP PARTICIPANT SURVEY

This survey is Voluntary and Confidential. Your overall opinion of the EAP services provided will assist us in determining the effectiveness of our program and help us to make improvements where needed. We value your opinion and would appreciate you taking a few minutes to complete this form.

Please check the appropriate box for each question. Add any comments that you wish.

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Doesn't Apply |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Upon contacting the agency, I was treated in a confidential and professional manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I was satisfied with the arrangements made for my appointment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Upon arriving for my appointment I was treated promptly and courteously. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The care I received was very professional. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I felt comfortable with the counselor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I feel the counseling I have received has been helpful to me in my personal life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I would use the program again and recommend it to others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Overall, I was very satisfied with the program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I was referred to the program by my supervisor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Upon completion of my services the counselor advised me of all my options, not just those of this organization. <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

CIRCLE ONE

11. How did you learn about the program: Posters/Brochures Employer/Union Rep Presentation Co-worker

12. What was the problem that brought you here? _____

13. Name of counselor: _____ Provider Agency: _____

14. Date: _____

15. Employer: _____

Comments pertaining to services provided? _____

Provider Instructions:

Upon client's completion of EAP survey (at the conclusion of their EAP assessment, mail to:

Family Service of the Chautauqua Region, Inc.

332 East Fourth Street

Jamestown, New York 14701