

CONCERN: EAP

Satisfaction Survey for Work/Life Services

DATE: _____

Please take a few moments to tell us how you feel about your experience with our services. Your response is completely confidential and greatly appreciated.

If you are a CONCERN client, what is the name of your organization? _____

Which CONCERN Work/Life service did you use?

- ☐ Parenting and Childcare ☐ Elder Care ☐ Legal
☐ Financial ☐ Other please define: _____

How would you rate how well you were informed about our services before you called?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

How would you rate the timeliness of our response to your request?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

How would you rate the helpfulness and pleasantness of the telephone referral staff?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

How would you rate the knowledge and competency of the professional who served you?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

How would you rate the helpfulness of our services in dealing with your problem?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

What is the likelihood that you would use our services again if you needed them?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

What is the likelihood you would recommend our services to your co-workers or family members?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

What is your overall rating of our services?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

What did you like best about our services?

What could we do to improve our services?

Other comments?

If there is anything about our services that you would like to discuss,
please call (800) 433-4222.