



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.

**What is the name of your company/organization?** \_\_\_\_\_

Check one: ☐ Employee ☐ Family member

**How would you rate your counselor's knowledge and competency?**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

**How would you rate the helpfulness of your counselor's guidance and recommendations?**

☐ 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

**Circle the number that best describes the extent to which you feel your work performance has improved since using the EAP.** (☐ Check here if you were not having any problems with your work performance before using the EAP.)

5                      4                      3                      2                      1  
Significant improvement                      No change

**Circle the number that best describes the extent to which you have avoided missing days at work or arriving late to work since using the EAP.** (☐ Check here if you did not miss any days or arrive late before using the EAP.)

5                      4                      3                      2                      1  
Significant improvement                      No change

**Circle the number that best describes the extent to which you feel your overall health and sense of well-being has improved since using the EAP.** (☐ Check here if you did not have any concerns about your health or well-being before using the EAP)

5                      4                      3                      2                      1  
Significant improvement                      No change

**Circle the number that best describes how valuable it is to you to have an EAP as a part of your benefit package.**

5                      4                      3                      2                      1  
Extremely valuable                      Not at all valuable

**What did you like best about our services?**

**Other comments?**

Your counselors' name (optional): \_\_\_\_\_

10-2008