

Name of Employee Company: _____

Date of EAP Visit: _____

Name of EAP Counselor: _____

How did you hear about EAP? _____

I was given prompt attention and treated in a professional manner when I called/ utilized EAP.

Strongly Disagree 1	2	3	4	Strongly Agree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I was provided helpful information and/or additional resources related to my concerns.

Strongly Disagree 1	2	3	4	Strongly Agree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For employees, the EAP service has positively impacted my time in the workplace -increased focus and/or productivity while at work, decreased stress outside of work, etc. (or N/A)

Strongly Disagree 1	2	3	4	Strongly Agree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would recommend EAP to co-workers and/or household members based on my experience.

Strongly Disagree 1	2	3	4	Strongly Agree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel the EAP experience has been effective in addressing and assisting with my concerns.

Strongly Disagree 1	2	3	4	Strongly Agree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking the time to complete this survey. Since it is also EAP's intention to send a copy of this survey to your employer, please do not sign. If you would like to discuss the service you received, please call me at 1-800-769-9819. You are welcome to use the back of this sheet for any additional feedback you would like to provide, as we are constantly seeking to better our service based on your experience.

Sheila Thibodeau, Director of Operations