

Corporate EAP Resources, Inc.

EAP Services Survey

Help us review our employee assistance services by filling out this **CONFIDENTIAL** survey. Please return the survey to:

Corporate EAP Resources, Inc. 184 Great Road Acton, MA 01720

Thank you.

Date of most recent visit:		You are	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:
Have you used the EAP before	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many EAP sessions did you attend	
Your Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Your Age	

Name of your Company	
Your name (optional)	

EAP location visited	<input type="checkbox"/> Acton <input type="checkbox"/> Framingham <input type="checkbox"/> Milford <input type="checkbox"/> Other:
How did you become aware of the EAP	<input type="checkbox"/> Word of mouth <input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> HR <input type="checkbox"/> Medical Staff <input type="checkbox"/> Company orientation <input type="checkbox"/> Wellness Seminar <input type="checkbox"/> Company web/email <input type="checkbox"/> Health/Benefit Fair <input type="checkbox"/> Literature <input type="checkbox"/> Poster

Please check the answer that best indicates your feelings. An area for general comments is provided at the end.

	Very Poor	Poor	Fair	Good	Very Good
• Ease of reaching the EAP					
• Friendliness of person answering your call					
• Ease of getting appointment for date/time					
• Availability of clinician to talk on the phone					
• How promptly your phone calls were returned					
• Location and accessibility of EAP office					
• Ease in finding the EAP office					
• Comfort and pleasantness of the reception area					
• Comfort and pleasantness of the clinician office					

	Very Poor	Poor	Fair	Good	Very Good
• Atmosphere of the session					
• Clinician's understanding of your concerns					
• Suggestions/recommendations made by clinician					
• Courtesy of the clinician					
• Clinician respect/response to your questions					
• Quality of help provided					
• Improvement in your ability to cope with the personal issue for which you came to the EAP seeking help					
• Reduction of symptoms for which you were seeking relief					
• Improvement in job related issues (if applicable) that affected work					
• Overall progress made during the time you were seen by the EAP					
• Effort made by the EAP to find appropriate resources					
• Degree to which your finance needs were considered in referral					
• Evaluate the overall care and treatment received from where you were referred to					
• How well personal /confidential information respected					
• The amount of time provided each visit					
• The waiting time to be seen by the counselor					
• Likelihood of your recommending the EAP to other employees					

Comments (include good and/or bad experience)	
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