



Client Satisfaction Survey

Please help us evaluate our services by answering the questions below. Your answers are completely **confidential**. If you prefer, you can [download this survey](#) and fax it to Southwest EAP at 1-501-663-9488. Thank You.

Please indicate how satisfied you are with the following aspects of the EAP.

Company Name (if desired) _____

Counselor's Name (If desired) _____

1 = Excellent	2 = Good	3 = Neutral	4 = Poor	5 = Very Poor
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1. **INITIAL CONTACT** - the way you were treated upon contacting the EAP. _____

2. **RESPONSIVENESS** - the time it took to see an EAP Counselor _____

3. **CONCERN** - the way you were treated by the EAP Counselor _____

4. **CONFIDENTIALITY** - your confidence that your contact with EAP was not revealed without your permission _____

5. **EFFECTIVENESS** - the extent to which the EAP helped you with your problem _____

6. If you are dissatisfied with any of the aspects listed above, please explain why:

REFERRALS TO OTHER SERVICES

7. Did the Employee Assistance Counselor refer you to another service or agency for help?
_____ (1) Yes - Where? _____
_____ (2) No (Skip to question 11)

8. If you were referred by the Employee Assistance Counselor, did you use the referral? (Please check only one.)
_____ (1) Yes
_____ (2) No (Skip to Question 10)
_____ (3) Does Not Apply

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9. If you did use the referral given to you by the Employee Assistance Counselor, were you satisfied with the services you received?

_____ (1) Yes

_____ (2) No - Please Explain: _____

_____ (3) Does Not Apply

10. If you did not use the referral, what was the reason? _____

SUMMARY

11. Overall, has there been any change in the problems, which originally brought you to Employee Assistance?

_____ (1) Change for the better

_____ (2) Little or no change

_____ (3) Change for the worse

12. Overall, are you satisfied with the Employee Assistance Program?

_____ (1) Yes

_____ (2) No - Please Explain: _____

13. If you have expressed concerns about the Employee Assistance Program that you want to discuss further and would like an EAP Program Representative to contact you, please write your name and telephone number below:

Name: _____ Telephone: _____

Best time of day to reach you at this telephone number: _____

14. Do you have any other comments for us about the Employee Assistance Program or the referrals you received?

Thank you very much for the time and help in evaluating our services.

Submit Form