

Consumer Feedback Form

Please take the time to let us know how we have done. Simply complete the following questions and return the questionnaire in the stamped envelope provided.

- 1. My appointments were scheduled in a timely manner.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 2. I was offered a variety of times to schedule my appointments.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 3. I found the clerical and support staff at the EAP to be friendly and helpful.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 4. My counselor made sure I understood my rights as a client.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 5. My counselor made it comfortable for me to relate my problems.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 6. My counselor and I identified specific goals to be achieved during my sessions.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 7. My counselor helped me to understand my self/problem/situation more clearly.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 8. I found the services offered by the EAP to be helpful to myself and/or my family.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 9. I would use the EAP again.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree
- 10. I would recommend this program to co-workers or family members.**
 Strongly Agree Agree Undecided Disagree Strongly Disagree

11. Comments:

Form:

