

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:

