

Directions EAP Client Satisfaction Survey

This survey is optional and completely confidential. Since you have recently used your EAP, we are eager to learn from your experience in an effort to improve the service that we offer.

Your employer is: _____

How did you learn about Directions EAP?

- | | |
|--|--|
| <input type="checkbox"/> Company Brochure | <input type="checkbox"/> Co-Worker |
| <input type="checkbox"/> Manager or Supervisor | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Other |

How satisfied were you with your recent Directions EAP experience?

- ☐ Extremely Satisfied
☐ Satisfied
☐ Not Satisfied

How likely would you recommend Directions EAP?

- ☐ Extremely Likely
☐ Likely
☐ Not Likely

Were you able to get an appointment scheduled within a reasonable amount of time?

- ☐ Yes
☐ No

Was the office in which you received counseling convenient & comfortable?

- ☐ Yes
☐ No

How effective was the counselor in helping you with your problem or concern?

- ☐ Extremely helpful
☐ Helpful
☐ Not helpful

How comfortable were you sharing confidential information with your counselor?

- ☐ Extremely
☐ Somewhat
☐ Neither

Counselor's Name: _____

Please complete after your last EAP session. If you so choose, you may complete the form on line at www.directionseap.com and click on the EAP Client Satisfaction Survey or mail to:

Directions EAP, LLC
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