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**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?

\_\_\_\_\_Company Brochure \_\_\_\_\_Co-Worker

\_\_\_\_\_Manager or Supervisor \_\_\_\_\_Human Resources

\_\_\_\_\_Family Member \_\_\_\_\_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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please complete after your last EAP session and mail or complete on line at [www.directionseap.com](http://www.directionseap.com) by clicking on the Client Satisfaction Survey in the Employee Section.

Directions EAP, LLC

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