

For Office Use Only
Mo/Yr _____
Counselor _____

Company Name

Atrium Health Employee Assistance Program

Your opinions are valuable to us. By completing this survey you can help us to improve our services. If you wish to make additional comments, you may do so on the bottom of this page. All your comments are welcome and important to us. Regrettably, we cannot reply to any individual responses, because the survey is confidential and we cannot identify any individual persons by his or her survey. Thank you very much for your help.

Directions: Please circle your responses.

Race of Client: Black White Latino Asian Native/America Other

Gender of Client: Male Female

How would you rate...

1). the overall quality of care provided at EAP?	Excellent	Very Good	Good	Fair	Poor
2). the ability of this service to help you?	Excellent	Very Good	Good	Fair	Poor
3). the staff's ability to treat you with respect?	Excellent	Very Good	Good	Fair	Poor
4). the overall cleanliness of this facility?	Excellent	Very Good	Good	Fair	Poor
5). the staff's ability to provide the help you wanted?	Excellent	Very Good	Good	Fair	Poor
6). your involvement in making decisions about your treatment?	Excellent	Very Good	Good	Fair	Poor
7). your satisfaction with the service provided?	Excellent	Very Good	Good	Fair	Poor
8). the ability of this service to improve your quality of life?	Excellent	Very Good	Good	Fair	Poor
9). the likelihood of recommending EAP to friends/family?	Excellent	Very Good	Good	Fair	Poor
If you need help again, would you come back?	Yes	No	Maybe		

Additional comments:

Please initial box if you agree: I give Atrium Health EAP permission to use my comments as a testimonial on the website. Neither my name nor any identifying information will be used.