

TriHealth EAP Services Experience Survey

Company/Employer: _____

Counselor Name: _____

TriHealth EAP's goal is to assist you and your family to cope better with life problems and challenges. The results of this questionnaire will help us to better serve you.

1. How likely would you be to recommend our services to friends/family/coworkers? 10=Extremely Likely; 0=Not at all Likely	10	9	8	7	6	5	4	3	2	1	0
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How would you rate:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
2. I am more productive at my job after my participation in counseling.	5	4	3	2	1	NA
3. My mood has improved after my participation in counseling.	5	4	3	2	1	NA
4. My stress level has decreased after my participation in counseling.	5	4	3	2	1	NA
5. I am coping better with my problem(s) after my participation in counseling.	5	4	3	2	1	NA
6. My relationships with family/friends/coworkers have improved after my participation in counseling.	5	4	3	2	1	NA
7. My physical health has improved after my participation in counseling.	5	4	3	2	1	NA
8. It was easy to schedule an appointment.	5	4	3	2	1	NA
9. Everyone was always respectful to me.	5	4	3	2	1	NA
10. I understood what to expect about the service I received.	5	4	3	2	1	NA
11. Overall, I was completely satisfied with my experience.	5	4	3	2	1	NA

What could we have done differently? _____