



## Client Survey Form

Tri-County EAP would very much appreciate it if you would take a few moments to let us know how we are meeting your needs. Your feedback will help to improve our services to you. Please take a moment to complete this form. You may fold it and leave it in the basket provided or hand it to your counselor.

**1. I find Tri-County's offices to be comfortable and accessible?**

Strongly agree  agree  undecided  disagree  strongly disagree

**2. The staff is courteous and helpful to me when I call for an appointment.**

Strongly agree  agree  undecided  disagree  strongly disagree

**3. I am offered a range of times for my appointment.**

Strongly agree  agree  undecided  disagree  strongly disagree

**4. I was offered a time for my first appointment that gave me an opportunity to come in promptly (within 72 hours).**

Strongly agree  agree  undecided  disagree  strongly disagree

**5. I find Tri-County's answering service operators to be courteous and helpful.**

Strongly agree  agree  undecided  disagree  strongly disagree

**6. I feel Tri-County EAP staff members care about my concerns and truly desire to help.**

Strongly agree  agree  undecided  disagree  strongly disagree

**7. My counselor is caring and involved.**

Strongly agree  agree  undecided  disagree  strongly disagree

**8. My counselor is capable and knows how to help me.**

Strongly agree  agree  undecided  disagree  strongly disagree

**9. I am seeing positive changes in my areas of concern since coming to Tri-County.**

Strongly agree  agree  undecided  disagree  strongly disagree

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**10. My concerns are kept confidential.**

Strongly agree  agree  undecided  disagree  strongly disagree

**11. I am glad that Tri-County EAP is a benefit of my job.**

Strongly agree  agree  undecided  disagree  strongly disagree

**12. It is important to me that my EAP is independent of my employer rather than being operated by my employer.**

Strongly agree  agree  undecided  disagree  strongly disagree

**13. I would return to Tri-County EAP if I had another personal concern.**

Strongly agree  agree  undecided  disagree  strongly disagree

**14. I would recommend Tri-County Employee Assistance Program to friends/family.**

Strongly agree  agree  undecided  disagree  strongly disagree

**15. Tri-County staff members are helpful to me in making payment arrangements.**

Strongly agree  agree  undecided  disagree  strongly disagree

**16. I feel my counselor is able to relate to and understand my situation, including acknowledgement of any cultural differences.**

Strongly agree  agree  undecided  disagree  strongly disagree

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

Name (optional) \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your helping us to better meet your needs.  
The Tri-County EAP Staff.