

# Client Evaluation Questionnaire



Your Name: (optional)

Organization :

Counselor:

Items	Agree Strongly	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Disagree Strongly
I was satisfied with the length of time it took to obtain an appointment.	1	2	3	4	5
I was satisfied with the location of the facility.	1	2	3	4	5
I was treated courteously and professionally by the Counselor.	1	2	3	4	5
My concerns were handled in a confidential manner.	1	2	3	4	5
I was confident in the knowledge and abilities of my Counselor.	1	2	3	4	5
The Employee Assistance Program (EAP) helped me to be more effective in my job.	1	2	3	4	5
The EAP's services met my needs.	1	2	3	4	5
Overall, I was satisfied with the quality of the services.	1	2	3	4	5
I would use the EAP again.	1	2	3	4	5
I would recommend the EAP to others.	1	2	3	4	5
I was satisfied with services I received from the referral source (if applicable).	1	2	3	4	5

What did you like best about the EAP? \_\_\_\_\_

Do you have any suggestions for improvement for the EAP? \_\_\_\_\_

Other comments or suggestions: \_\_\_\_\_

If you were not satisfied with the EAP and would like to speak confidentially about this matter please leave your name and telephone number. \_\_\_\_\_

Thank you! Remember, your comments will remain strictly confidential.  
Please return in the self-addressed stamped envelope.