

**FRANK HORTON ASSOCIATES, LLC  
CLIENT SATISFACTION SURVEY**

Please circle the number for each item that best describes your response to the question. Your answers to these questions are **confidential**. Thank you.

Company Name (if desired): \_\_\_\_\_

FHA Counselor's Name (if desired): \_\_\_\_\_

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Unsure</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
My initial call was responded to in a prompt and courteous manner.	5	4	3	2	1	N/A
My EAP counselor was knowledgeable and helpful.	5	4	3	2	1	N/A
My EAP counselor's manner made me feel comfortable.	5	4	3	2	1	N/A
I was pleased with the referral I received from the EAP.	5	4	3	2	1	N/A
I would recommend the EAP to co-workers.	5	4	3	2	1	N/A
I was impressed with the EAP program overall.	5	4	3	2	1	N/A
As a result of receiving assistance:						
a) my productivity on the job has improved.	5	4	3	2	1	N/A
b) I am better able to function at home.	5	4	3	2	1	N/A
c) I feel less stressed about my situation after seeing a counselor.	5	4	3	2	1	N/A
Prior to services, did your problem or concern affect:						
a) your concentration at work?	Yes	No				
b) your relationships at work?	Yes	No				
c) the quality of your work?	Yes	No				
d) your overall ability to function at work?	Yes	No				
Did your problem or concern cause you to be away from work?	Yes	No				

Can you think of any ways the Employee Assistance Program could improve the quality of the services provided to you and your organization?

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