

**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 will help us improve our services. Your responses are **confidential**. Thank you for your help.

Company Name: _____

FHA Counselor's Name: _____

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	Not Applicable				
	5	4		3	2	1				
1.	My initial call was responded to in a prompt and courteous manner.				5	4	3	2	1	N/A
2.	My EAP counselor was knowledgeable and helpful.				5	4	3	2	1	N/A
3.	My EAP counselor's manner made me feel comfortable.				5	4	3	2	1	N/A
4.	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						
5.	Did your problem or concern cause you to be away from work?				Yes		No			
6.	As a result of receiving assistance:									
	a) my productivity on the job has improved.				5	4	3	2	1	
	b) I feel 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
7.	I was pleased with the referral I received from the EAP.				5	4	3	2	1	N/A
8.	I would recommend the EAP to co-workers.				5	4	3	2	1	N/A
9.	I was impressed with the EAP program overall.				5	4	3	2	1	N/A

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