



**Participant Satisfaction Survey
Deer Oaks Employee Assistance Program (EAP)**

Thank you for recently accessing your Employee Assistance Program. Your EAP is a free and confidential benefit for you and your family. For purposes of quality assurance and improvement, Deer Oaks as well as your employer, are interested in your feedback regarding the EAP services you received. The results of this survey, when given to your employer, do not include your name or any identifying information. This survey is also available on the web for ease of completion and return at: <http://deeroaks.com/survey/survey.asp> so that you do not have to fax, mail or bring your survey in to your provider. Please take a moment to rate your degree of satisfaction with the services you received. Please fax this form back to 210-616-9667

Your Name: _____ Date: _____

Employer: _____

Name of person accessing benefit: _____

Who received services: (Please Circle) Employee Dependent Both

Location where you received services: 1100 Round Rock Ave. #112 Round Rock, TX 78681

Name of your EAP counselor: Art Prennace, LPC

Date service received: _____

Type of service received: (Please mark an "X" for all services received.)

- Telephonic counseling
- Short-term face-to-face counseling
- Legal, financial, health plan, or community referral
- Prevention / education
- Other:(please describe) _____

Please use the following scale to rate your satisfaction with the EAP services you received from Deer Oaks EAP Services. If the question is not applicable, please circle "N/A". Please feel free to make any additional comments.

	Not At All Satisfied	A Little Satisfied	Moderately Satisfied	Quite Satisfied	Extremely Satisfied	
1. Ease of accessing your EAP	1	2	3	4	5	N/A
2. Initial telephone triage	1	2	3	4	5	N/A
3. Availability of appointments	1	2	3	4	5	N/A
4. Convenience of location of services	1	2	3	4	5	N/A
5. Telephonic counseling (if applicable)	1	2	3	4	5	N/A
6. Short-term Face-to-Face counseling	1	2	3	4	5	N/A
7. Prevention / Education materials provided by the therapist	1	2	3	4	5	N/A
8. Responsiveness, professionalism & knowledge of therapist	1	2	3	4	5	N/A
9. Responsiveness and professionalism of office staff (if applicable)	1	2	3	4	5	N/A
10. Needs were met through counseling	1	2	3	4	5	N/A
11. Counseling goals were met in a timely manner	1	2	3	4	5	N/A
12. Referrals to Legal, Financial, Community Services or Insurance						
Health Plan (helpful, specific, easy to access)	1	2	3	4	5	N/A
13. Website (ease of use, information on site)	1	2	3	4	5	N/A
14. Overall satisfaction with services	1	2	3	4	5	N/A

Comments:

We appreciate any feedback or comments you are willing to share so that we may continue to improve our services. Please use the space provided for feedback. Thank You.