

EFAP Service Satisfaction Survey

Thank you for taking a couple of minutes to tell us how we have done so far.

Your Counsellor's name: _____ Date: _____

Name of the employer covering this service: _____

Please ✓ the box that describes your response to the following.

- | | <i>Yes, definitely</i> | <i>Yes, I think so</i> | <i>No, I don't think so</i> | <i>No, definitely not</i> |
|---|--------------------------|--------------------------|-----------------------------|---------------------------|
| ▪ Your initial call to Brown Crawshaw was handled in a courteous and helpful manner . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ The counsellor responded to your initial telephone call within one business day . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ The counsellor demonstrated professional skill and sensitivity to your situation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ The counsellor explained the limits of confidentiality pertaining to the counselling. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If needed, you would use the service again . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If a co-worker needed similar help, you would recommend they call the EFAP. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |
| ▪ You would rate the quality of service you have received so far as follows: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

For each statement, please ✓ the box that most closely describes your experiences at work for the past 30 days.

My personal / family problems have affected:

- | | <i>Yes, definitely</i> | <i>Yes, I think so</i> | <i>No, I don't think so</i> | <i>No, definitely not</i> |
|---|--------------------------|--------------------------|-----------------------------|---------------------------|
| ▪ the quantity of the work that I complete. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ the quality of the work that I complete. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ my relationships with my co-workers . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ my relationship with my supervisor / manager . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ my attendance at work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ my understanding and / or acceptance of the behaviour of my co-workers . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

To comment about the service or your counsellor
 or if you have any questions about this survey,
 call **BROWN CRAWSHAW BC** at 1.800.668.2055 or 604.683.3255

Please seal this in the supplied envelope