

# EAP CLIENT SATISFACTION SCALE

## INSTRUCTIONS

The following statements reflect your experience in using the EAP. Please indicate the degree to which you agree with each of the statements as they relate to your experience. Use the 1-5 response key to the right.

## Program Satisfaction

		STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
1.	I would recommend the EAP to a co-worker.	1	2	3	4	5
2.	If I had to, I would use the EAP again.	1	2	3	4	5
3.	The EAP met my expectations.	1	2	3	4	5
4.	I am very satisfied with the EAP.	1	2	3	4	5
5.	The EAP helped me deal with my personal concerns.	1	2	3	4	5

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