

# EAP Feedback Form

If you have accessed EAP, we would be pleased to receive your feedback. Your comments will help us improve the delivery of EAP. Please take a minute to complete this form and return in an envelope marked confidential to:

**Employee Assistance Program  
Nova Scotia Public Service Commission  
One Government Place  
PO Box 943  
Halifax NS B3J 2V9  
or fax to: 902-424-0631**

## **1. Establishing contact with EAP (finding the number, having your call answered or returned)**

0	3	5	7	10
very dissatisfied		satisfied		very satisfied

Comments:

## **2. Discussing personal problems with the EAP Consultant**

0	3	5	7	10
very dissatisfied		satisfied		very satisfied

Comments:

## **3. Referral process to an outside counsellor/service**

0	3	5	7	10
very dissatisfied		satisfied		very satisfied

Comments:

## **4. Guidance received from outside counsellor/service**

0	3	5	7	10
very dissatisfied		satisfied		very satisfied

Comments:

## **5. Outcome of addressing your personal problem through EAP**

0	3	5	7	10
very dissatisfied		satisfied		very satisfied

Comments:

**6. Would you contact EAP again if there was a need?**     \_\_\_yes    \_\_\_no

Comments:

**7. What counsellor/service were you referred to?**

**Other Comments:**

**Optional:**

**Your Department:** \_\_\_\_\_

*To protect your anonymity, please do not give your name. Thank you for taking time to give us feedback on your experience with EAP.*