

DHA D. HUGO & ASSOCIATES

The DHA Employee Assistance Program is interested in evaluating services provided to clients. The following questions are designed to help us improve our services. In addition, your comments can help you determine your own progress and to indicate ways you may want additional assistance. Your responses are Confidential and anonymous.

Please mark the response that most closely matches your opinion.

- | | <u>Strongly</u>
<u>Agree</u> | No
Opinion | <u>Disagree</u> | <u>Strongly</u>
<u>Disagree</u> |
|---|---------------------------------|---------------|-----------------|------------------------------------|
| 1. DHA EAP program was helpful in addressing my concerns. | | | | |
| 2. DHA EAP responded promptly to my request for service. | | | | |
| 3. I was understood by the DHA EAP Professional. | | | | |
| 4. If I needed, I would contact DHA EAP again. | | | | |
| 5. I would recommend DAH EAP services to others. | | | | |
| 6. My concern interfered with my work performance or productivity. | | | | |
| 7. My work performance improved after using DHA EAP. | | | | |
| 8. My coping ability improved through contact with DHA EAP. | | | | |
| 9. My experience with DHA EAP was treated confidentially. | | | | |
| 10. Overall, I was satisfied with the service I received from DHA EAP. | | | | |
| 11. I was satisfied with the services I received from the resource to which I was referred. | | | | |

I consulted with DHA EAP professional ___in person___phone___work___DHA office
Please write suggestions or other comments: _____

Your input is very valuable to all of us at DHA EAP. Thank you for taking the time to complete this important questionnaire.

Sincerely,

David Hugo, President