

STATE OF OKLAHOMA  
OKLAHOMA DEPARTMENT OF HUMAN SERVICES  
EMPLOYEE ASSISTANCE PROGRAM

**EMPLOYEE SATISFACTION SURVEY**

This form is to be provided to **each** Oklahoma Department of Human Services (OKDHS) employee or family member utilizing the Employee Assistance Program (EAP) services.

Dear OKDHS employee or family member:

This survey is intended to help improve the services provided by EAP. Your participation is important if OKDHS is to provide the finest possible EAP services. Please take a moment to complete this response regarding your experience with EAP. **Your name is NOT part of the information requested.** Confidentiality is our uppermost concern.

**How did you learn or hear about EAP?**

- Through a co-worker
- Through supervisory recommendation
- Through a family member
- Through a workshop or training session
- Through a poster, pamphlet or other type of promotional information

**How did you contact EAP?**

- Through the local Oklahoma City telephone number
- Through the toll-free telephone number
- Through the OKDHS EAP coordinator
- If other, please specify: \_\_\_\_\_

**Following the contact with EAP, how long did it take for an EAP representative to get back in touch with you?**

- Immediately (less than 30 minutes)
- Within one hour
- Within 24 hours
- If other, please specify: \_\_\_\_\_
- Was the response time satisfactory?  Yes  No

**Did you meet face-to-face with an EAP representative for consultation or counseling sessions?**

- Yes, one session
- Yes, two sessions
- Yes, three sessions
- Yes, four sessions
- Yes, five sessions
- Yes, six sessions
- No

If no, were you able to resolve the issue or problem over the telephone?  Yes  No

If no, why not? \_\_\_\_\_

**Did you contact EAP because of work-related issues?**  Yes  No

If yes, check which of the following areas contributed most to the work-related issue:

- Relationship with co-worker(s)
- Workload difficulties
- Relationship with supervisor
- Changes in my unit or division
- Work and personal issues combined
- If other, please specify: \_\_\_\_\_

**Do you feel your concerns in your counseling sessions were sufficiently addressed?**  Yes  No

If yes, how? \_\_\_\_\_

If no, why not? \_\_\_\_\_

**Would you recommend the EAP counselor to a friend or loved one?**  Yes  No

**As result of your experience, would you recommend EAP services to a co-worker?**  Yes  No

Please explain in detail using another sheet of paper.

Please return via intra-agency mail to: OKDHS EAP Coordinator  
Human Resources Management Division  
Sequoyah Building, First Floor North

Or, via U. S. Postal Service to: Oklahoma Department of Human Services  
EAP Coordinator  
Human Resources Management Division  
PO. Box 25352  
Oklahoma City, OK 73125