



USER SURVEY FORM FOR UNIVERSITY EMPLOYEES USING THE EAP

The University wishes to ensure that it provides staff with the best possible EAP Service. To help achieve this aim, we need your valuable feedback. This survey is anonymous - PLEASE DO NOT WRITE YOUR NAME ON ANY PART OF THE FORM.

Following on-line completion of the form please print it off, and forward BY MAIL in an envelope addressed to:

Statistics and Evaluation Services
Box 6, Hunter Building
The University of Newcastle

Please tick the boxes that most closely represent your opinion.

- | | | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|
| 1. | Was your counselling session offered within five days of contact with New Psych/Life Matters? <i>(delete inapplicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>Please answer this question ONLY if your request was an emergency</i> | | |
| 2. | Was your emergency counselling session provided within 24 hours of contact with New Psych/Life Matters? <i>(delete inapplicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | My privacy and confidentiality were/have been maintained. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | How satisfied are you with the physical environment at New Psych/Life Matters? <i>(delete inapplicable)</i> | | |
| | Very Unsatisfied | Unsatisfied | Satisfied |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | To what extent did you/have you achieved your purposes in attending counselling? | | |
| | Non of my purposes were achieved | A few of my purposes were achieved | Many of my purposes were achieved |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | How would you rate the quality of service from the Counsellor? | | |
| | Very Poor | Poor | Good |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | How helpful was the counselling in assisting you to deal more effectively with your problems? | | |
| | Very Unhelpful | Unhelpful | Helpful |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | In a general sense, how satisfied were you/are you with the overall service from New Psych/Life Matters? <i>(delete inapplicable)</i> | | |
| | Very Satisfied | Unsatisfied | Satisfied |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Would you recommend the Service to other employees? | | |
| | No, I definitely wouldn't | No, I probably wouldn't | Yes, I probably would |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Do you have any other suggestions or comments to make? | | |