

**CAMERON AND ASSOCIATES, INC**  
Employee Assistance Program /Managed Behavioral Healthcare

**Satisfaction Survey**

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

- | <b>EXCELLENT</b> | <b>VERY GOOD</b>   | <b>GOOD</b> | <b>FAIR</b> | <b>POOR</b> | <b>Not Applicable</b> |       |
|------------------|--|-------------|-------------|-------------|-----------------------|-------|
| <b>(5)</b>       | <b>(4)</b>   | <b>(3)</b>  | <b>(2)</b>  | <b>(1)</b>  | <b>(N/A)</b>          |       |
| 1.               | How would you rate CAI's responsiveness upon your initial contact?                       |             |             |             |                       | _____ |
| 2.               | How would you rate the convenience of the office location where you were seen?           |             |             |             |                       | _____ |
| 3.               | How would you rate your counselor's manner in helping you feel comfortable?              |             |             |             |                       | _____ |
| 4.               | How would you rate your counselor's helpfulness in addressing your problem?              |             |             |             |                       | _____ |
| 5.               | How effective was the EAP intervention in helping you develop solutions to your problem? |             |             |             |                       | _____ |
| 6.               | How would you rate our overall impression of the program?                                |             |             |             |                       | _____ |

One of the important purposes of the EAP, and one of the reasons why organizations hire and sponsor EAP's, is to provide help and assistance to employees who are experiencing a crisis or complications that interferes with the ability to perform well on the job. Please answer the following questions concerning this aspect of the Employee Assistance Program

- |    |   |  |  |  |  |       |
|----|---|--|--|--|--|-------|
| 7. | How effective has the EAP counseling been in terms of helping you to return to work?                    |  |  |  |  | _____ |
| 8. | How would you rate the effect of the EAP counseling in terms of improving your overall job performance? |  |  |  |  | _____ |

Do you have any suggestions that would help the Cameron and Associates, Inc. to better serve you in the future?

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*Please return by mail or fax to:*

**CAMERON AND ASSOCIATES, INC.**  
**Attn. Claims Department**  
6100 Lake Forrest Drive  
Suite 550  
Atlanta, Georgia 30328  
Main: 404-843-3399 Fax: 404-843-3572

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