



**PENN Behavioral Health
Critical Incident Stress Management
CLIENT SATISFACTION SURVEY**

Company Name:		Date:
Location:	Time:	Number of Participants
Client Name (Optional):		
Department Name (Optional):		

PENN Behavioral Health is committed to improving the quality of services we deliver to our individual clients. Please assist us in our efforts by answering some questions about our intervention services. Your responses will help us to identify and meet your expectations. Thank you for your cooperation. Please check the box next to your response. **Upon completion of the survey, please submit via fax at 215-746-7454, or by mail to PENN Behavioral Health Corporate Services, 3535 Market Street 4th Floor, Philadelphia, PA 19104.**

How would you rate the quality of the following?

	Very Poor	Poor	Fair	Good	Excellent
1. The meeting's overall ability to meet my expectations and needs was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The timeliness of the meeting was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The concern and caring response of the counselor was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The professionalism of the counselor was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The explanation of the process by the counselor was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability of the counselor to recommend tools and resources was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The explanation by the counselor regarding other PENN Behavioral Health services was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The EAP counselor's suggestions for dealing with my problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you rated any of the above questions with lower than fair please let us know why on the spaces provided below on page two. Also please comment regarding how this meeting may have helped you:

On this side of the page please respond to only those statements on the first page which indicated that you felt the response was “poor” or “very poor”. Again, we appreciate any of your comments which will help us to better respond in the future.

1. I did not feel the meeting met my expectations and needs because:

2. I did not feel the meeting was timely because:

3. I did not feel the counselor gave a caring and concerned response because:

4. I did not feel the counselor was fully professional because:

5. I did not feel the counselor fully explained the process because:

6. I did not feel the counselor fully recommended tools and resources because:

7. I did not feel the counselor fully explained the other PENN Behavioral Health services because:

We would like to thank you for your time and help in improving the services provided by PENN Behavioral Health Critical Incident Stress Management Program.