

Your satisfaction is important to us. In order to ensure the continuous improvement of our service, we appreciate you taking a few moments to complete the survey below.

**1. The situation/concern that brought me to Benedict Associates is:**

Much improved  
Improved  
About the same  
Worse  
Much worse

**2. Because of the counseling I received, I understand my problems well enough to manage them in the future:**

Strongly agree  
Agree  
Not certain  
Disagree  
Strongly disagree

**3. My counselor was:**

Very helpful  
Somewhat helpful  
Neither helpful nor unhelpful  
Somewhat unhelpful  
Very unhelpful

**4. If I needed help in the future, I would feel comfortable calling Benedict Associates:**

Definitely yes  
Probably yes  
Maybe  
Probably not  
Definitely not

**5. I would recommend Benedict Associates to others:**

Definitely yes  
Probably yes  
Maybe  
Probably not  
Definitely not

**6. The level of courtesy and respect with which I was treated by Benedict Associates staff was:**

- Very satisfactory
- Satisfactory
- Neither satisfactory nor unsatisfactory
- Unsatisfactory
- Very unsatisfactory

**7. How satisfied were you with your overall experience?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

**8. Counseling ended because:**

My concerns were dealt with to my satisfaction  
My most significant concerns were dealt with to my satisfaction. There are some minor problems that I can now handle.  
I reached the number of EAP sessions set by my company. Problems remain that we did not address.  
I felt that more treatment would not be helpful at this time, even though significant problems remained.  
There was a change in a work or school schedule that made it impossible to arrange further appointments.

**9. I was formally referred by my employer due to performance, disciplinary or other work related issues:**

YES NO

**10. Please share any other comments (continue on back or another sheet if needed)**

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**\*Please return form:**

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