

Survey Customer Report

Surveys Completed	01/01/2006 - 02/28/2006
Customers(s) #:	1571
Service Type:	EAP

	# of Respondents *	Percentage Satisfied
Section I - Your Experience"		
How did the help you received compare to your expectations?	1	0.0%
Section II - Your Experience with Counseling (if applicable)"		
My first appointment with a clinician took place within an acceptable timeframe.	1	0.0%
Section III - Outcomes"		
I have seen an improvement in my relationships.	1	0.0%
I feel more hopeful than I did before I called.	1	0.0%