

Who recommended you to PPC?

Feedback from users of our program helps us provide effective counselling, information and support services.

Please return this questionnaire to your EFAP Co-ordinator in the postage-paid, addressed envelope provided.

Physician..... _____	Supervisor/Steward _____
Human Resources ... _____	Previous Client..... _____
Self..... _____	Reputation _____
Training Activity..... _____	EFAP Representative _____
Orientation Workshop _____	Other _____ _____

Counsellor's Name:

Client ID Number:

◇ If you do not wish these comments to be shared with your counsellor, please check here

	Yes	Partly	No	N/A
Were you satisfied with the services provided.....	_____	_____	_____	_____
Did you find the office building and environment appropriate?	_____	_____	_____	_____
Were you helped with your questions or concerned?	_____	_____	_____	_____
Were you satisfied that your concerns were treated in a confidential manner?	_____	_____	_____	_____
Would you recommend PPC to a family member or colleague?.....	_____	_____	_____	_____
In using the program, do you feel that your:				
⇒ Job satisfaction is improving?	_____	_____	_____	_____
⇒ Concentration at work is improving?	_____	_____	_____	_____
⇒ Attendance at work has improved?.....	_____	_____	_____	_____
⇒ Relationship with co-workers and/or				
⇒ Supervisor is improving?.....	_____	_____	_____	_____

COMMENTS

**We welcome your
comments on any aspect
of our services.**

If you wish to talk
confidentially with someone
at PPC about your
experience, we encourage
you to call:

1118 College Drive
Saskatoon, SK, S7N 0W2
Telephone: (306) 664-0000
Toll Free: 1(888) 425-7721
Fax: (306) 664-0037

PPC

Satisfaction Survey

Thank you for your
evaluation and comments.