

For Office Use Only
 No. _____
 AP: _____

*****FOR EMPLOYEES ONLY*****

General Instructions: Below is a series of statements that refer to aspects of your work and life experiences that may be affected by the personal problems you want to address at the EAP during the **past 30 days**. Please read each item carefully and answer as accurately as you can.

The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the **past thirty (30) days**.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
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Presenteeism	1	I had a hard time doing my work because of my personal problems.					
	2	My personal problems kept me from concentrating on my work.					
	3	Because of my personal problems I was not able to enjoy my work.					
	4	My personal problems made me worry about completing my tasks.					
	5	I could not do my job well because of my personal problems.					

Life Satisfaction	6	My life is nearly perfect.					
	7	I am not very satisfied with my life as a whole.					
	8	So far, my life seems to be going very well.					
	9	There isn't anything about my life that I would change if I could.					
	10	I am very disappointed about the way my life has turned out.					

We may wish to follow up with an email or telephone survey to evaluate the effectiveness of the AEAP Program. This survey is voluntary and whether or not you decide to do the survey will not affect the services you receive at AEAP or at UAMS.

<p>Preferred Contact Method: Email : <input type="checkbox"/> OR Telephone <input type="checkbox"/></p> <p>Email address: _____</p> <p>Cell: <input type="checkbox"/> Home: <input type="checkbox"/> Work: <input type="checkbox"/> I prefer not to be contacted: <input type="checkbox"/></p>	<p>Preferred Time to Call (if telephone method is selected):</p> <p>Morning: <input type="checkbox"/> 8-10am Lunch hour: <input type="checkbox"/> 11am-1pm Evening: <input type="checkbox"/> 4-6pm</p>
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Revised 06/01/16