

Dear Client Name,

Thank you for giving BHS the opportunity to help you. It has been my pleasure to assist you with your case. BHS is in the business of bettering lives. We hope our services have had a positive impact and helped you make an improvement in your life. We would greatly appreciate your feedback about your experience. Please take a moment to complete our survey.

[Click here for survey](#)

If you need anything in the future please don't hesitate to reach out.

Thank you.  
Care Coordinator

OMB NO. 3150-0217

EXPIRES: 8/31/2027

The estimated burden to respond to this voluntary information collection is 5 minutes. The information provided will be used to improve EAP services. Send comments regarding the burden estimate to the FOIA, Library, and Information Collections Branch, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [infocollects.resource@nrc.gov](mailto:infocollects.resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, 725 17th Street NW (3150-0217), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person not required to respond to, the information collection.

## EAP Participant Satisfaction Survey

We value the feedback from our customers and welcome your comments and suggestions.

Please take a moment to share your experience.

1. Overall, I was satisfied with the services provided to me by BHS

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

2. I was satisfied with my BHS care coordinator or coach.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

3. I would recommend this BHS service to a colleague or friend.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

4. I was satisfied with my referred counselor or advisor.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

5. The resources and referrals I received were beneficial.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

6. Since using the service, my overall well-being has improved.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

7. What did you like most about the services?

8. Do you have any suggestion on how we can improve our service?

If you have any questions about this survey, please feel free to contact the BHS Customer Solutions team at [customersolutions@bhsonline.com](mailto:customersolutions@bhsonline.com).