EMPLOYEE ASSISTANCE PROGRAM
Confidential Information Questionnaire

CLEAR FORM

Today's Date____/____/_____ **Employee I.D.**_____

Last Name_____ **First Name**_____

Employee Name *(if different from your own)* _____

Are you a previous client at the Employee Assistance Program (EAP)? ❑ Yes ❑ No

Home Address _____City_____ State____ Zip_____

Birthdate____/____/_____ **Gender**_____ **Marital Status** _____**Race**_____

Phone Numbers Home _____-_____-_____ Work _____-_____-_____ Cell _____-_____-_____

How would you prefer to be contacted by the EAP? (*Check all that apply)*

❑ Home ❑ Work ❑ Cell ❑ Outlook ❑ Personal e-mail: _____

Who referred you to the EAP?

❑ EAP ❑ Human Resources ❑ Union ❑ Self ❑ Supervisor

Commercial Driver's License (CDL) ❑ Yes ❑ No

Please rate your current job performance *(check one)* ❑ Excellent ❑ Good ❑ Needs Improvement ❑ Poor

MCPS EMPLOYEE INFORMATION

Job Title _____ **Work Location**_____

Employment ❑ Full Time ❑ Part Time ❑ Temporary ❑ On Leave ❑ Retired ❑ Other _____

How did you first find out about the EAP?

❑ ADR Brochure	❑ Supervisor	❑ EAP website	❑ EAP Workshop
❑ PAR Consultant	❑ Family Member	❑ Human Resources	❑ Union
❑ EAP Literature	❑ Other MCPS Employee	❑ Other Source	❑ New Employee Orientation

How have the concerns that brought you to EAP affected your work performance? (*Check all that apply)*

❑ absenteeism	❑ safety	❑ relationship with students
❑ tardiness	❑ relationship with supervisor	❑ not at all
❑ quality	❑ relationship with other employees	❑ other_____

Date Hired by MCPS _____/_____/_____

Emergency Contact Name _____ Phone _____-_____-_____

Health Insurance Company _____

Union ❑ MCAAP ❑ MCBOA ❑ MCEA ❑ SEIU Local 500 ❑ None ❑ Other _____

Education (what is the highest degree or level of school you have completed? *If currently enrolled, highest degree received*)

❑ College degree ❑ Graduate degree ❑ High school/GED ❑ Less than 12 years

The EAP sends a confidential Client Satisfaction Survey through the e-mail of your choice. The feedback you give is used to improve the quality of our services and is appreciated.

What is your preferred e-mail? ❑ Outlook ❑ Private e-mail _____

NOTE: If you do not want this survey sent via e-mail, please check an alternative location:

❑ to your work site through the PONY ❑ to your home address

continued

Please list all members of your household. Please also list children who may not be living at home:

Name	Relationship	Birthdate	Occupation/ Grade in School	Living at home?
		____/____/_____		❑ Yes ❑ No
		____/____/_____		❑ Yes ❑ No
		____/____/_____		❑ Yes ❑ No
		____/____/_____		❑ Yes ❑ No
		____/____/_____		❑ Yes ❑ No

Do you drink alcohol? ❑ Yes ❑ No ***IF YES,*** please answer the following questions:

1. **How often do you have a drink containing alcohol?** *(check one)*
   ❑ Monthly or less ❑ 2-4 times per month ❑ 2-3 times per week ❑ 4 or more times per week

2. **How many drinks containing alcohol do you have on a typical day of drinking?** *(check one)*
   ❑ 1 or 2 ❑ 3 or 4 ❑ 5 or 6 ❑ 7 to 9 ❑ 10 or more

3. **How often do you have five or more drinks on one occasion?** *(check one)*
   ❑ Never ❑ Less than once per month ❑ Once per month ❑ Once per week ❑ Daily or almost daily

Please check any of the following that have been a concern to you within the past 6 months:

❑ alcohol or drug use
❑ anger
❑ anxiety
❑ bullying
❑ career issues
❑ couples/marriage problems
❑ depression
❑ disability
❑ eating disorder
❑ eldercare
❑ family problems
❑ family violence
❑ financial problems
❑ gambling
❑ grief
❑ health issues
❑ housing
❑ legal concerns
❑ other person's alcohol/drug use
❑ other persons' mental health problem
❑ relationship with coworker
❑ relationship with students
❑ relationship with supervisor
❑ sex
❑ sexual harassment
❑ suicide
❑ trauma
❑ workplace stress
❑ other_____

Please briefly describe the concerns or problems for which you seek assistance: