

Clinic Survey

We would like your feedback about your experience at the clinic today.
Please check the box next to your response and add any comments.

How satisfied were you with the way you were treated by staff and volunteers today?

Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very dissatisfied

If dissatisfied, please explain:

How satisfied were you with the privacy provided to you?

Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very dissatisfied

If dissatisfied, please explain:

How satisfied were you with the clinic's hours of operation?

Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very dissatisfied

If dissatisfied, please explain:

How satisfied were you with the service you received?

Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very dissatisfied

If dissatisfied, please explain:

How did you learn about the screening clinic? Please check all that apply

- newspaper
- radio
- television
- information mailed to my home
- billboard or bus shelter
- church
- community organization
- friend or family

Thank you for your participation.
Please place survey in the box provided.