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PATIENT SURVEY

This survey will help us improve future events.
You may use pencil or a black pen.
Your responses will remain anonymous. Thank you!

Please fill in marks like this: ● not like this:

Comments:

1) How did you hear about today's event?

2) Did the registration process work well?
① Yes
② No

3) Did you have any problems getting here today?
① Yes
② No

4) Were the forms easy to understand and fill out?
① Yes
② No

5) Was the flow of people efficient?
① Yes
② No

6) Were the staff polite?
① Yes
② No

7) Did the staff completely answer all your questions?
① Yes
② No

8) Did the medical screening process work well? (May not apply to everyone.)
① Yes
② No

9) Do you feel your vaccination was given correctly?
① Yes
② No

10) Do you have any questions about the vaccine, such as possible side effects?
① Yes
② No

11) Any other questions or concerns?

Staff Location:

Date:

Form: Patient exit survey – UAlbany CPHP 11/10/06