

WTC Environmental Health Center Customer Satisfaction Survey Instrument

1. Please check the box that describes your most recent visit to the WTC EHC

- Initial Screening Visit
- Monitoring Visit
- Treatment or Diagnostic Visit
- Lab Work
- Other - Describe _____

2. Please use the scale below to indicate your satisfaction with the following:

	Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know/Not applicable
The ease of scheduling your visit						
Convenience of clinic hours						
The registration/check in process when arriving for your appointment						
The courtesy and respect shown by clinic staff						
The degree to which your doctor/provider listened to your medical concerns						
Your overall experience with the clinic						

3. We are interested in your opinions and/or recommendations so that we may improve our services. Please use the following box to make any additional comments

[TEXT BOX, open ended]

