**PATIENT SATISFACTION SURVEY**

**WOODROW WILSON KEEBLE MEMORIAL HEALTH CARE CENTER**

**Laboratory Department**

*The Laboratory Department kindly asks you to complete this survey. Please check the boxes that best indicate your opinion and place the form in the suggestion box. Your responses will help us improve patient services.*

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Laboratory Services | Strongly  Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The laboratory staff was professional, courteous, and friendly. |  |  |  |  |  |
| The laboratory staff explained the procedures for specimen collection required for my medical test. |  |  |  |  |  |
| The laboratory staff met my expectations when collecting blood for my medical test. |  |  |  |  |  |
| The laboratory staff gave me time to ask questions and answered them clearly. |  |  |  |  |  |
| I am satisfied with the cleanliness and appearance of the laboratory. |  |  |  |  |  |
| How long was your wait time in the laboratory?  ≤ 5 minutes 16-30 minutes  5-15 minutes > 30 minutes | | | | | |
| What did you like best about your visit to the laboratory? | | | | | |
| What can we do to improve laboratory services? | | | | | |