**PATIENT SATISFACTION SURVEY**

**WOODROW WILSON KEEBLE MEMORIAL HEALTH CARE CENTER**

**Nutrition Services Department**

*The Nutrition Services Department kindly asks you to complete this survey. Please check the boxes that best indicate your opinion. Your responses will help us improve patient services.*

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nutrition Services | Strongly  Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The nutrition services staff were professional, courteous, and friendly. |  |  |  |  |  |
| The nutrition services staff were knowledgeable and explained the purpose of the visit in a way I could understand. |  |  |  |  |  |
| The nutrition services staff provided me with realistic recommendations to achieve my health goals. |  |  |  |  |  |
| The nutrition services staff provided me with educational materials that were easy to read and understand. |  |  |  |  |  |
| I am satisfied with the services provided by the nutrition services staff. |  |  |  |  |  |
| What did you like best about your nutrition clinic visit? | | | | | |
| What can we do to improve nutrition services? | | | | | |
| We would love to hear how nutrition services has improved your health. Please share your success story. | | | | | |