

Your feedback is very important. Please rate your level of satisfaction with the screening process below.

1. My screening provider was professional.



Strongly Disagree



Disagree



Neutral



Agree



Strongly Agree

2. My screening provider was knowledgeable.



Strongly Disagree



Disagree



Neutral



Agree



Strongly Agree

3. My screening provider explained the screening procedure.



Strongly Disagree



Disagree



Neutral



Agree



Strongly Agree

4. My screening provider clearly explained my screening results.



Strongly Disagree



Disagree



Neutral



Agree



Strongly Agree

5. There was adequate time allowed for the screening appointment.



Strongly Disagree



Disagree



Neutral



Agree



Strongly Agree

6. I was satisfied with the wait time before my screening appointment.



Strongly Disagree



Disagree



Neutral



Agree



Strongly Agree

7. Overall, I am satisfied with the health screening process.



Strongly Disagree



Disagree



Neutral



Agree



Strongly Agree

General Comments:

Participant's Name (Optional): \_\_\_\_\_ Provider's Name: \_\_\_\_\_