

EMPLOYEE SATISFACTION SURVEY

Thank you for allowing the **Employee Health and Wellness Center** to provide your medical care. We would appreciate it if you would complete this satisfaction survey and either e-mail to Linda Yaffe at lyaffe2@jhmi.edu or fax to Linda Yaffe's attention at 5-1617. Please feel free to add any additional comments.

Sincerely,
The Employee Health and Wellness Center

Name (optional): _____ Visit Date: _____

Reason for the Visit: _____ Initial Visit _____ Follow-up Visit

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
1. Staff was courteous and helpful when the appointment was scheduled.	1	2	3	4	5
2. Staff at the reception area was courteous and helpful.	1	2	3	4	5
3. I did not wait too long to see the Nurse Practitioner.	1	2	3	4	5
4. The Nurse Practitioner was courteous and helpful.	1	2	3	4	5
5. The quality of medical care given by the Nurse Practitioner was excellent.	1	2	3	4	5
6. The Nurse Practitioner spent a sufficient amount of time listening to my complaints and examining me.	1	2	3	4	5
7. The Nurse Practitioner provided a lot of information about my condition and treatment options.	1	2	3	4	5
8. The Case Manager was helpful in assisting me with referrals.	1	2	3	4	5
9. My overall rating of the clinic experience was excellent.	1	2	3	4	5
10. I would recommend the Employee Health and Wellness Center to another employee for medical care.	1	2	3	4	5

Additional Comments: _____
