



**NARA Women's Wellness Patient Satisfaction Survey**  
Date of appointment: \_\_\_/\_\_\_/\_\_\_\_\_

1. **Name:** \_\_\_\_\_  
Please note: your name will remain confidential

2. **Location:** (Please circle one) Health Clinic Wellness Totem Residential

3. **Event:** (Please circle one) Annual Women's Exam Saturday Clinic Evening Clinic

4. **Were you treated with dignity and respect during your women's wellness screening?**  
None 1 2 3 4 5 Very Much

5. **Were you able to schedule your appointment at a convenient time for you?**  
 Yes  No  
Comment: \_\_\_\_\_

6. **Did you have adequate time during your visit to address all of your concerns?**  
None 1 2 3 4 5 Very Much

7. **Did you receive breast and cervical cancer early detection and prevention health information?**  
None 1 2 3 4 5 Very Much

8. **What motivated you to get your women's wellness screening or mammogram today?**  
(Please check all that apply)  NARA reminder card  NARA reminder call  friend/relative  
 Doctor/Nurse reminder during visit  NARA flyer/outreach  NARA text message

9. **Please check your age group**  21-29  30-39  40-49  50-64  65-UP

10. **How did you find out about our program?**  
 Brochure  Flyer  Radio  NARA patient referral  Phone Call  Reminder card  
 Walk in  Newsletter  Friend/relative  Community outreach  
 Other/organization referral \_\_\_\_\_

**Thank you for getting screened today! We would like to gift you a T-Shirt!**

**Please circle your T-shirt size:**

**Small Medium Large X-Large 2X 3X 4X 5X**