

## CLIENT SATISFACTION SURVEY

Please help us improve our services by answering the following questions about the Pap test service you received. The RN who provided this service is taking part in an evaluation to ensure a high quality of Pap test service for women.

You are asked to complete this survey, but it is voluntary. The survey will take about 3 minutes to complete. All results from surveys are combined so that your anonymity and confidentiality are protected. Do not write your name on this survey, unless you would like to be contacted.

Date: \_\_\_\_\_

RN Name: \_\_\_\_\_

	Please check (✓) one box for each question					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The RN respected my values, beliefs and culture.						
The RN explained the Pap test to me in words I could understand.						
The RN assured me that the Pap test was confidential.						
The RN asked if it was okay to go ahead with the Pap test.						
The RN made sure I had privacy during the Pap test.						
The RN checked with me during the Pap test to make sure I was comfortable.						
The RN told me how I will get my Pap test results.						
I am satisfied with the services I received.						

**What is one thing that the RN did well?**

**What is one thing that the RN could do better?**

If you would like to be contacted by the clinic manager, please write down your name and phone number (optional). Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Thank you for your feedback.**

***Please put your completed survey in the envelope provided and return to office staff.***