AWC Patient Questionnaire

In an effort to serve our patients better we have put together this questionnaire. Please note that this questionnaire is completely ANONYMOUS. When you are finished please drop it off in the questionnaire folder located at AWC. **Feel free to tell the truth so that we can better serve you and your needs.**

DATE_____

1) How long have you been a patient at AWC?

2) How did you first hear about AWC?

3) What do you like most about AWC?

4) What do you most dislike about AWC?

5) What do you think AWC could do better?

6) On a scale of 1-10 (1= worst and 10= best) how would you rate AWC?

7) Do you feel that AWC's staff is accessible?

8) Do you feel that the AWC staff listens and communicates well?

9) Is there anything that you think AWC should change?

10) Do you feel that all of your health needs/concerns are being met at AWC?

11) AWC is currently looking to expand its services. Where would you like to see AWC's services expand?

12) Have you ever visited AWC's website before printing out this questionnaire?

13) Do you have anymore questions or comments?