

Health Screening Satisfaction Survey

Please tell us about your health screening experience by filling in the "O" that best corresponds with your response to each of the following questions. Individual responses are kept confidential.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I was satisfied with my overall health screening experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was satisfied with the professionalism of the medical team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was satisfied with the knowledge of the medical team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I was satisfied with the explanation and consultation of my screening results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I would recommend this program to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments: <div></div>					

Company: _____ Location: _____

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Thank you for your valuable time and input.

