



Fort Bend County Employee Health and Wellness Center Survey

"Your Health Matters"

Please complete and send inter-office mail or fax to the **Risk Management Department**

Date: _____ Patient Name (Optional): _____

1. Why did you select The Employee Wellness Center? Please mark **all** that apply with an X:

Location ____ Reputation ____ Referred by co-worker ____ Cost ____ Convenience ____

2. How many times have you visited the Employee Wellness Center?

Initial visit ____ 1 ____ 2 or 3 ____ 4 or 5 ____ 6 or more ____

3. How easy was it to find the Employee Wellness Center?

Very difficult ____ Somewhat difficult ____ Neutral ____ Easy ____ Very easy ____

Using a scale of 0-10, where 10 represents the best possible answer, please rate:

4. The level of courtesy of the Employee Wellness Center Staff? _____

5. The level of cleanliness and appearance of the Employee Wellness Center? _____

6. Your satisfaction with the total wait time at the Employee Wellness Center? _____

7. Please rate the following criteria related to the **Medical Provider**:

Showed respect for your opinions Spent enough time with you Provided quality medical care

(1-10) _____

(1-10) _____

(1-10) _____

8. Please rate your overall experience with the Employee Wellness Center: (1-10) _____

9. Would you recommend the Employee Wellness Center? (Please check one) Yes ____ No ____

Thank you for taking the time to complete this for us. Your candor and honest feedback is valued so that we can be certain to provide you with the highest quality of service and care.

Please feel free to add comments in the box below.