

VICTORIA GYNECOLOGY AND CONTINENCE CLINIC

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Our goal is to provide you with the best service possible. Please would you complete this questionnaire prior to leaving the office. Your feedback is appreciated. Please place the completed form in the envelope in the box provided at the front desk.

Name _____ (Optional)

Please circle your response:

	Poor			excellent	
My treatment by the reception staff was-----	1	2	3	4	5
The office environment-----	1	2	3	4	5
Time for my visit-----	1	2	3	4	5
My problem was satisfactorily understood-----	1	2	3	4	5
I feel the quality of the examination was-----	1	2	3	4	5
My overall impression of my visit was-----	1	2	3	4	5

Comments: