

HANOVERWORKS CLIENT SURVEY

1. Which location did you visit?

- South Hanover New Oxford
 Spring Grove

2. What day was your most recent visit?

- Monday – Friday Holiday
 Saturday or Sunday

3. What service(s) did you use?

- Initial Work Injury
 Work Injury Follow Up
 Physical
 Drug Screen
 Screening (PFT's, Audio, Vision)
 Immunizations/Vaccines
 Other _____

4. Was your visit...

- Scheduled Walk-in

5. What time of day was your visit?

- 8 a.m. – Noon
 Noon – 4 p.m.
 4 p.m. – 8 p.m.

6. How long did you spend at HanoverWorks from the time you arrived until the time you left?

- < 15 Minutes
 15-30 Minutes
 30-60 Minutes
 60-90 Minutes
 > 90 Minutes

Please rate each question on a scale of 0-4 as it relates to the pertaining visit by circling the corresponding number.

N/A	Poor	Fair	Good	Excellent
0	1	2	3	4

REGISTRATION

Courtesy of the registration staff	0	1	2	3	4
Comfort of the waiting room	0	1	2	3	4
Privacy maintained when providing personal information	0	1	2	3	4
Time spent in waiting area before being taken to treatment area	0	1	2	3	4

TREATMENT/PROCEDURE

Courtesy of the nurses	0	1	2	3	4
Treatment process explained by the nurse providing care	0	1	2	3	4
Privacy during treatment	0	1	2	3	4

CARE PROVIDER

Courtesy of the provider	0	1	2	3	4
Time spent in treatment room before seeing a provider	0	1	2	3	4
Degree to which the provider listened to you as a patient	0	1	2	3	4
Degree of providers concern for you as a patient	0	1	2	3	4

DISCHARGE

Clear instructions for care at home	0	1	2	3	4
Follow up appointment scheduled at a convenient time for you	0	1	2	3	4
If referred to provider, appointment was made in a timely manner	0	1	2	3	4

If you have any questions or comments about our occupational health services, please contact the HanoverWorks Business Development Manager at (717) 633-8872.