

MMP SATISFACTION SURVEY

INTERVIEWER _____

Data Collection Cycle: 2016

INTERVIEW LOCATION _____

DATE ___/___/___ TIME _____

FACILITY NAME (If Applicable) _____

Please verify that the interview information above is correct for your interview and complete the questions below.

Your responses are confidential and not shared with your Interviewer, and are used as quality assurance for the Project Coordinator only.

1. MMP staff conducted themselves with professionalism and courtesy at all times.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Interaction with MMP staff was a positive experience.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. All of my questions and/or concerns were address throughout the interview?

Yes No (please comment below)

4. Having participated with MMP would you agree to participate again if asked?

Yes No Unsure

5. Which Token of Appreciation did you receive?

BP Sunoco Mobil Walmart Target Meijer CVS

6. Please rate your preferred method of being contacted about participating with MMP in order from 1 to 5, with 1 being the most preferred and 5 being the least preferred.

By Mail _____ By Phone _____ By Text _____ Home Visit _____ By Email _____

COMMENTS