MMP SATISFACTION SURVEY - 2019

INTERVIEWER __________________________ DATE _______/_____/______ TIME __________________
INTERVIEW LOCATION ___________________ 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 in box below)

4. Having participated with MMP would you agree to participate again if asked?
   - □ Yes  □ No  □ Unsere

5. Were you satisfied with your token of appreciation ($50 VISA gift card)?
   - □ Yes  □ No (please comment in box below)

6. A fact sheet about MMP is enclosed in your envelope, what other information would be of interest to you?
   - □ Basic health trends  □ Substance use  □ Sexual behavior  □ STDs  □ Other, specify _____________

7. Please rate each potential method of being contacted about participating with MMP, with 1 being very comfortable and 5 being very uncomfortable.

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COMMENTS:

For Data Manager Use Only
□Q&A