



Stakeholder Satisfaction Form for Quality-Process Improvement

Your health care team is working to improve your experience with the care you receive. Please let us know how satisfied you are with the process named below and let us know what you like and don't like about it. We would also benefit from any idea for making additional improvements.

BEFORE THE CHANGE

1. How satisfied are you with the current process for

 1	2	3	4	5 
(Not satisfied at all)				(Very satisfied)



2. What do you like about the current process?

3. What do you not like about the current process?

4. What changes to this process would help you? Why?

AFTER THE CHANGE

1. How satisfied are you with the current process for

 1	2	3	4	5 
(Not satisfied at all)				(Very satisfied)

2. What do you like about the current process?

3. What do you not like about the current process?

4. What changes to this process would help you? Why?