Imara Patient Service Questionnaire:

1. How would you rate our service here at the Imara? (please circle your response)
   a. Very poor  b. Poor   c. Fair  d. Good  e. Very Good

2. Which service/s are you most satisfied with? (please circle your response/s)

3. Which service/s are you least satisfied with? (please circle your response/s)

4. How long was your waiting time for the following services and what would you suggest we do to improve?:? (please give a written comment/response)
   a. Reception/waiting area:______________________________________________________________
   b. Nursing/Triage:______________________________________________________________
   c. Doctor’s Consultation:______________________________________________________________
   d. Lab service:______________________________________________________________
   e. Pharmacy:______________________________________________________________

5. Any other comments:
   __________________________________________________________________________
   __________________________________________________________________________