

Clinic Visit

1. Clinic name and location

2. Is the clinic accessible by public transit? yes no

If yes, what is the route:

3. What are the clinic hours?

4. What were your first impressions when you walked into the clinic?

5. What services are offered?

6. On a scale of 1 to 10 how comfortable did you feel at the clinic?
(1 being not at all comfortable, and 10 being very comfortable)

1	2	3	4	5	6	7	8	9	10
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7. What about the clinic made you feel comfortable or not comfortable?

8. Would you recommend this clinic to your friends? yes no

9. Why would you or wouldn't you recommend this clinic?

10. What new information did you learn at the clinic?

11. What questions would you like to ask the clinic staff?
