



**GUIDE TO DEVELOPING
A CLIENT SATISFACTION SURVEY**

**CLIENT SATISFACTION SURVEY
NURSE PAP SMEAR PROVIDER**

Introduction

Thank you for agreeing to complete this survey. Your input is valued and will provide feedback to indicate the success of the project or highlight areas that may need to be improved.

1. Introduction to service

How did you find out about the service?

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2. Information provided

Did you receive sufficient information about the service? Yes No

Was the information provided clear and easy to understand? Yes No

3. Access

Did you find it difficult to make an appointment? Yes No

How long did you have to wait for an appointment? weeks

On the day of your Pap smear were you seen “on time”? Yes No

4. Nurse Pap smear provider

Did the nurse give you the assistance you required? Yes No

Were you treated with respect? Yes No

Were you happy with the privacy of the service? Yes No

Were you satisfied with the confidentiality of the service? Yes No

What did you like best about the service provided by the nurse?

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What do you like least about the service provided by the nurse?

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5. Procedure

Please comment on your experience of the procedure of having your Pap smear taken e.g. comfortable, painful etc.

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6. Results

Did you understand the information given to you regarding how you will get the results of your Pap smear?

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7. Suggestions

Please feel free to write any suggestions that you think would improve the service provided

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If a consumer focus group was arranged to look at ways of improving the service, would you be interested in taking part? Yes No

THANK YOU FOR YOUR PARTICIPATION

Please leave your form in the box provided at the Reception Desk or post to

Your Health Service
Your address

If you have any questions about the survey, please contact

Your name
Yours address
Your contact phone number

