

# WIC Customer Satisfaction Survey

---

Agency Name and Site: \_\_\_\_\_ Today's Date: \_\_\_\_\_

We would like to know about your visit to the WIC office today. Please check ( ✓ ) your answers for the following questions.

1. When did you visit the WIC office today? \_\_\_\_\_ Morning      \_\_\_\_\_ Afternoon      \_\_\_\_\_ Evening

2. Was today's appointment on the day you wanted?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments:

3. Was the amount of time you spent here today okay?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments:

4. Did staff explain what would happen during your appointment?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments:

5. Was the staff helpful and friendly?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments:

6. Did you feel comfortable providing private information to the staff?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments:

7. Were the waiting areas and offices clean?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

8. If you have ever called this WIC office:

• Was your phone call answered?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

• Were you able to speak with someone?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

• If not, were you able to leave a message?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

• If you left a message, was your phone call returned?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments:

9. Would you recommend this WIC Program to family and friends?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments:

10. Please let us know about anything else that may help us provide quality WIC services.

**Thank you for your time and ideas!**