

**PATIENT NAVIGATION CENTER: EDCT
PHONE PATIENT SATISFACTION SURVEY
2020**

1 Pt successfully completed per CM/CHW per month

	<u>Question</u>	<u>Agree</u>	<u>Disagree</u>	<u>Not Sure/ Undecided</u>	<u>Total Patient Response</u>
1	(CM/CHW name) helped me find and get services/programming in the community?				
2	(CM/CHW name) support has helped me keep important appointments.				
3	(CM/CHW name) support has helped me improve my health.				
4	(CM/CHW's name) spent enough time with me to be helpful with my goals?				
5	CM/CHW's name) helped me complete two important goals	Goal 1:		Goal: 2	
6	I would recommend this program to others?				
7	Any suggestions on what we could do to improve the program?				