

I-GO RESIDENT SATISFACTION SURVEY

Name: _____ Today's Date: _____

This questionnaire is designed to measure the way you feel about the I-GO program you have participated in. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by answering True (T) or False (F).

1. _____ The program was a big help to me.
2. _____ The student(s) really seemed to care about me.
3. _____ I would participate in the program again.
4. _____ The student(s) treated me courteously.
5. _____ I would recommend this program to other residents.
6. _____ I feel much better now than when I first started the program.
7. _____ I thought the student was not helpful.
8. _____ I feel I benefited from the program.
9. _____ The student(s) seem to understand how I felt.
10. _____ I found I was looking forward to our next visit.

For Office Use Only:

Student's Name _____