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!