

Social Work Department Survey- We value your feedback!

Please answer the following questions regarding Social Work services that you've received at the National Naval Medical Center:

1. Was your Social Worker accessible?
Yes___ No___

2. Was your Social Worker available when you needed her/him?
Yes___ No___

3. Did your Social Worker address your needs?
Yes___ No___

4. Did your interaction with the Social Worker occur within the last month?
Yes___ No___ (please specify)

5. Please indicate who completed this survey:
 - Patient
 - Spouse/Partner
 - Parent/Guardian
 - Family member
 - Friend
 - Other

6. Additional comments/suggestions:
