

Client Satisfaction Survey:

N	ame: Dat	te:				
1.	Was the vision screening location convenient for you? YES_	NO				
2.	Did you receive a satisfactory vision screening? YES	NO				
3.	Was your screener helpful with vision resources? YES	NO				
4. Did you link with an optometrist afterwards, and do you have your glasses? YESNO						
5. If you were pleased with your assistance from PVF, would you consider telling us about experience and/or provide a photo? Please feel free to share on the lines below:						
	Feedback/How Could We In	nprove?:				