

# Wound Care Feedback Survey

Dear [Patient's Name],

We hope this message finds you well. To ensure the highest quality of care, we invite you to participate in a brief survey regarding your recent wound care experience.

## Survey Details

Your feedback is invaluable in helping us improve our services. Please take a few moments to answer the following questions:

1. How would you rate the care you received for your wound? (1- Poor, 5- Excellent)
2. Was the staff attentive to your needs? (Yes/No)
3. Did you receive clear instructions on wound care at home? (Yes/No)
4. Please provide any additional comments or suggestions:

Thank you for your time and input. Your responses will be kept confidential.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

[Contact Information]