

Health Feedback Questionnaire

Date: **[Insert Date]**

Dear **[Recipient's Name]**,

We are committed to continuously improving our health services. Your feedback is invaluable in helping us enhance our offerings. Please take a moment to complete this focused health feedback questionnaire:

1. How satisfied are you with our health services?

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

2. What aspects of our health services do you find most beneficial?

3. What improvements would you suggest for our health services?

4. Would you recommend our services to others?

Yes

No

Thank you for your time and feedback!

Sincerely,

[Your Organization]