



Every Woman's Life

A Virginia Department of Health Program

# Every Woman's Life Program Report Card

We want to make the Every Woman's Life program better for you!

Please do not write your name on this paper  
Your answers are anonymous and confidential

**Circle the grade to tell us how we are doing**

**A = Great! B = Good C = OK D = Poor**

My appointment time was set soon after I called	A	B	C	D
It was easy to enroll in the Every Woman's Life program	A	B	C	D
It was clear what the Every Woman's Life program would pay for	A	B	C	D
I was told what would happen during my physical exam	A	B	C	D
I felt comfortable asking questions	A	B	C	D
My questions were answered and I understood the answer	A	B	C	D
At the end of my visit I was given information about my next exam	A	B	C	D
At the end of my visit I was told how to contact my case manager	A	B	C	D
I was happy with the care I received	A	B	C	D

Would you use **Every Woman's Life** for screening again? Yes No  
If no, please tell us why:

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Would you recommend **Every Woman's Life** to a friend? Yes No  
If no, please tell us why:

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Thank you for your time and for taking care of your health!

