

## Referral Feedback Form

*Instructions: Your feedback about assistance received today will help us improve our services. Please tell us about your visit and what we could have done better.*

*The questionnaire will take about 5 minutes to complete.*

**No personal information is collected.** Please answer each question to the best of your ability.

1. Please select your installation.  
[Drop down selection box with region, State/country, and installations associated with location.]
2. When being referred to the service provider, were you offered any of the following? (Select all that apply.)
  - a. In-person connection (e.g., I was escorted to the other office, someone came to my location and met me)
  - b. Virtual face-to-face connection (such as Zoom)
  - c. Telephone
  - d. None of the above
  - e. Other [describe]
3. Did the individual or staff providing a warm handoff seem coordinated and competent in their ability to connect you to the right service provider?
  - a. Yes
  - b. No
4. Were you referred to the correct office, or did you need to go elsewhere?
  - a. I was in the right office.
  - b. I had to go to another office.

4.a If you were in the wrong office, how many attempts did it take to get to the right office?

1 Attempt	2 Attempts (or more)	Staff Never Offered Help	I Gave up and Left Without Help
1	2	3	4

5. Based on the care you received, would you seek support in the future for a different concern?
  - a. Yes
  - b. No [please explain]

**NOTE:** The information and questions are built out in a Qualtrics account managed by AF/A1Z RAD team. These questions are what the QR code on the WHO Referral Form is linked to.

For Training  
Purposes  
Only