

**PLEASE TAKE A MOMENT TO COMPLETE
OUR HAND HYGIENE COMPLIANCE SURVEY
TO HELP US KEEP YOU SAFE.**

1. While in the room, did you observe the **Care Provider** clean their hands (soap and water or hand gel) **BEFORE** and **AFTER** the encounter?
 BEFORE AFTER BOTH (Before & After) NOT SURE
2. While in the room, did you observe the **Clinical Staff** (MA/Nurse) clean their hands (soap and water or hand gel) **BEFORE** and **AFTER** the encounter?
 BEFORE AFTER BOTH (Before & After) NOT SURE

Thank you for taking the time to complete our survey!

Date of Service: ___/___/___ Patient Initials: _____ Staff Initials: _____



DOING WHAT'S BEST.®

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