



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 staff clean their hands (soap and water or alcohol-based hand sanitizer) either before or after their encounter with you?

Before After Both (Before & After)

2. Which staff member(s) did you observe?

Medical Assistant RN Physician Nurse Practitioner

Physician Assistant Other: _____

Thank you for taking the time to complete our survey!

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



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