

WOT MEDICAL EXAM FOLLOW-UP FORM

Client Name _____ Group Name _____

Interviewer Name _____ Date _____

1. Did you receive a medical exam as a part of the WOT program?

YES NO

2. Were procedures explained to you before the exam?

YES NO

3. Were you satisfied with the explanation? Why, why not?

4. Were you satisfied with the exam? Why, why not?

5. Were you given an explanation of the results of the exam?

YES NO

6. Were you satisfied with the explanation? Why, why not?

7. Were you given medication after the exam?

YES NO

8. If yes, did you complete the medication? Why, why not?

9. Did you feel confidentiality was kept on your medical issues? Why, why not?

10. Did you learn anything from the exam? If so, what?

11. What did you like most about having the exam done?

12. What did you like least about having the exam done?