



Guest Evaluation

Thank you for choosing to stay at Medical Center League House. Our goal is to meet your needs while you are here dealing with medical issues affecting you and your family. Please help us make this the best possible choice for others who may need our services by taking a few minutes to fill out this survey.

❖ How did you hear about the Medical Center League House?

❖ Who referred you to the League House?

❖ Was the fee per night reasonable? Yes _____ No _____

❖ Was the League House staff helpful? Yes _____ No _____

Was the League House staff considerate? Yes _____ No _____

Was the League House pleasant? Yes _____ No _____

If you answered "no" to any of these questions, please explain. _____

❖ What else can we do to make the League House an even better place to stay? _____

❖ We would like to hear your "story" if you are comfortable with sharing. What brought you to us? Have we helped to make a difficult time less stressful? _____

Staff use Date received _____
