



**We want to hear from you!**  
**Please let us know about your Long Life Family Study (LLFS) Visit**

Date: \_\_\_\_\_

Who completed your visit today? \_\_\_\_\_

	Just Fine 😊	So-So 😐	Needs Improvement 😞
How do you feel your visit went?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did the staff treat you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the staff knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the length of your visit...(check appropriate box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you enjoy about your visit?

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How could we have made your visit more pleasant?

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Would you recommend participating in a research study to your family or friends?

Yes \_\_\_\_\_

No \_\_\_\_\_

Comments:

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