



Lions Hearing/Eye Unit Club Survey

Thank you for hosting The Lions Screening Unit. Your participation is important to the Lions of Illinois Foundation and to those we serve, and we want to make sure that all aspects of the program are managed as efficiently and effectively as possible.

Club Name: _____ Dist.: _____ Screening Date: _____

Screening: Hearing or Diabetic _____ Location: _____

(Please fill out your name and address, below, to receive a Patch and / or Chevron)

Name: _____

Address: _____

Number of Members Assisting with the Screening: _____

Circle **one (1)** answer for each question.

1. ***How would you rate your Club's experience in scheduling the Lions Screening Unit in your community?***
 - A. Excellent with no problems
 - B. Relatively simple and straight forward
 - C. Somewhat complicated
 - D. Difficult and confusing

2. Did you receive the schedule in time to make proper arrangements and do appropriate advertising for the Lions Screening Unit?
 - A. Yes
 - B. No

3. How would you rate the Lion Screening Unit as to its appearance and physical condition?
 - A. Clean and equipment was fully operational
 - B. Clean, but equipment was not fully operational
 - C. Unclean, but equipment was fully operational
 - D. Unclean and equipment was not fully operational

