

## Community and Maternal / Child Health Services Client Survey

<b>Date of Service</b> <div style="display: flex; justify-content: space-around; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </div>	<b>Time of Appointment</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">A.M.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">P.M.</div> </div>	<b>Length of Wait</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">0 – 15 minutes</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">16 – 30 minutes</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">More than 30 min</div> </div>	<b>Zip Code</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div>			
<b>Years at Current Address:</b> <i>(if less than 1 year, put a zero)</i>		<b>Service Provided by:</b>				
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">SCHEDULED APPOINTMENT</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">WALK-IN APPOINTMENT</div> </div>				
<b>Times You Have Previously Used Health Dept. Services</b>  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">NEVER</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">1 TO 5 TIMES</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">6 TO 20 TIMES</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">MORE THAN 20</div> </div>	<b>Service Provided Today (check only one)</b>  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">WIC – WOMEN, INFANTS &amp; CHILDREN</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">MSS/ISS – MATERNAL OR INFANT</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">CHILDREN'S SPECIAL HEALTH CARE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">BREAST &amp; CERVICAL CANCER CONTROL</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">"EARLY ON" PROGRAM</div> </div>					
<b>Rate the Quality of Our Service</b> <i>(circle one number per question)</i> <i>If you circled 3, 2, or 1, please tell us how we can improve</i>		<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. The Health Dept. <b>program</b> has made a positive difference for my child or me.		5	4	3	2	1
2. Health Dept. Staff were friendly and respectful. Comment:		5	4	3	2	1
3. Health Dept. Staff could answer my questions and gave me useful information. Comment:		5	4	3	2	1
4. When calling the Health Dept. I can reach the Staff when I need to. Comment:		5	4	3	2	1
5. The Health Dept. office or offsite clinic was easy for me to find. Comment:		5	4	3	2	1
6. I am satisfied with the service I received today. Comment:		5	4	3	2	1
7. How did you hear about our services?						
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">Newspaper</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">TV</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">Telephone Book</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">Dr's Office</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">School</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">Friend/Family</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; width: 80px;">Other (please describe: _____)</div> </div>						
<b>How can we improve our services?</b> <i>(continue on the back side if space is needed)</i>						
If you would like us to contact you regarding a concern you may have, please provide your name and phone number						
NAME _____ PHONE # _____						

Tape Here

**Mid-Michigan District Health Department**

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Suite 2

Stanton, MI 48888

*Please visit our website:* [www.mmdhd.org](http://www.mmdhd.org)

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**Comments (continued)**