

Environmental Health Services Client Survey

<p style="text-align: center;">Date of Service</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>M M</p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="text-align: center;"> <p>D D</p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="text-align: center;"> <p>Y Y</p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> </div>	<p style="text-align: center;">Time of Appointment</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> A.M. </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> P.M. </div> </div>	<p style="text-align: center;">Length of Wait</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> 0 – 15 minutes </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> 16 – 30 minutes </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> More than 30 min </div> </div>	<p style="text-align: center;">Zip Code</p> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>																																																																								
<p>Years at Current Address: <i>(if less than 1 year, put a zero)</i></p> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>		<p>Service Provided by:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="checkbox"/> SCHEDULED APPOINTMENT </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="checkbox"/> WALK-IN APPOINTMENT </div> </div>																																																																									
<p>How Did You Hear About Our Available Services?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 20px; height: 20px;" type="checkbox"/> FRIEND OR FAMILY MEMBER <input style="width: 20px; height: 20px;" type="checkbox"/> PHONE BOOK <input style="width: 20px; height: 20px;" type="checkbox"/> HAVE USED SERVICES IN THE PAST <input style="width: 20px; height: 20px;" type="checkbox"/> OTHER: </div> <div style="width: 45%;"> <p style="text-align: center;">Service Provided Today <i>(check only one)</i></p> <input style="width: 20px; height: 20px;" type="checkbox"/> FOOD SERVICE INSPECTION OR FOOD LICENSE <input style="width: 20px; height: 20px;" type="checkbox"/> SEPTIC OR WELL PERMIT <input style="width: 20px; height: 20px;" type="checkbox"/> SEPTIC OR WELL EVALUATION <input style="width: 20px; height: 20px;" type="checkbox"/> VACANT LAND EVALUATION <input style="width: 20px; height: 20px;" type="checkbox"/> OTHER SERVICE: </div> </div>	<p>Rate the Quality of Our Service <i>(circle one number per question)</i> <i>If you circled 3, 2, or 1, please tell us how we can improve</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Strongly Agree</th> <th style="width: 10%;">Agree</th> <th style="width: 10%;">Neutral</th> <th style="width: 10%;">Disagree</th> <th style="width: 10%;">Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>1. I am satisfied with the service I received today.</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>2. Receptionist treated me with respect and was helpful. Comment:</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>3. Receptionist was knowledgeable of services I requested. Comment:</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>4. Receptionist attended to me in a timely manner. Comment:</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>5. The person who delivered services to me was friendly and respectful. Comment:</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>6. The person delivered services to me in a timely manner. Comment:</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>7. The person who delivered services to me was capable and could answer my questions. Comment:</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>8. The Health Department hours of operation are convenient for me. (if you circled 3, 2 or 1 for this question, please choose other preferred time below)</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td style="padding-left: 20px;"> <input style="width: 20px; height: 15px;" type="checkbox"/> 6:00 a.m. - 8:00 a.m. <input style="width: 20px; height: 15px;" type="checkbox"/> 12:00 p.m. - 1:00 p.m. <input style="width: 20px; height: 15px;" type="checkbox"/> 5:00 p.m. - 7:00 p.m. </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9. When calling the Health Department, I can reach the staff when I need to. Comment:</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>10. The Health Department office was easy for me to find. Comment:</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </tbody> </table>				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	1. I am satisfied with the service I received today.	5	4	3	2	1	2. Receptionist treated me with respect and was helpful. Comment:	5	4	3	2	1	3. Receptionist was knowledgeable of services I requested. Comment:	5	4	3	2	1	4. Receptionist attended to me in a timely manner. Comment:	5	4	3	2	1	5. The person who delivered services to me was friendly and respectful. Comment:	5	4	3	2	1	6. The person delivered services to me in a timely manner. Comment:	5	4	3	2	1	7. The person who delivered services to me was capable and could answer my questions. Comment:	5	4	3	2	1	8. The Health Department hours of operation are convenient for me. (if you circled 3, 2 or 1 for this question, please choose other preferred time below)	5	4	3	2	1	<input style="width: 20px; height: 15px;" type="checkbox"/> 6:00 a.m. - 8:00 a.m. <input style="width: 20px; height: 15px;" type="checkbox"/> 12:00 p.m. - 1:00 p.m. <input style="width: 20px; height: 15px;" type="checkbox"/> 5:00 p.m. - 7:00 p.m.						9. When calling the Health Department, I can reach the staff when I need to. Comment:	5	4	3	2	1	10. The Health Department office was easy for me to find . Comment:	5	4	3	2	1
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<p>If you would like us to contact you regarding a concern you may have, please provide your name and phone number</p> <p>NAME _____ PHONE # _____</p>																																																																											

Tape Here

Tape Here

Mid-Michigan District Health Department

615 N. State St.

Suite 2

Stanton, MI 48888

Tape Here

Please visit our website: www.mmdhd.org

(FOLD HERE)

(FOLD HERE)

Comments (continued)