



Public Health
Prevent. Promote. Protect.
 Mahoning County
 District Board of Health



**Mahoning County District Board of Health
 Customer Satisfaction Survey**

The Mahoning County District Board of Health wants to provide quality care to the individuals and families we serve. Please answer the following questions. Thank you for helping us to improve our services to you.

Date: _____ Zip Code: _____ Insurance: yes or no (circle one) Clinic Location: _____

What brought you to this location? (check all that apply)

- Close to Home Appointment Convenience Language
 Transportation Cost Other

What services did you receive today? (check all that apply)

- Immunizations/Vaccines/Shots Project Dawn TB Other
 Cribs for Kids Baby & Me Tobacco Free CMH

Statement	Agree	Disagree	Does not apply
Appointment was easy to make.			
My phone call was answered quickly.			
It was easy to check in for my appointment.			
I felt respected by the staff members.			
Staff explained the services received.			
The health information was easy to understand.			
I was given a chance to ask questions.			
Appointment was as soon as I wanted it.			

Other comments or services you may need: _____

Primary Care Physician: yes or no (circle one)

How satisfied were you with the services provided by the Mahoning County District Board of Health's Nursing Division? (circle one)

- Very Satisfied Satisfied Neutral Not Satisfied

How likely will you return for future services provided by the Mahoning County Districts Board of Health's Nursing Division? (circle one)

- Very Satisfied Satisfied Neutral Not Satisfied