

Lincoln County Health Department Customer Satisfaction Comment Card



Your thoughtful feedback today will help improve programs in the future.

Your Zip Code _____

Service(s) Provided: _____

How did you hear about the service(s) provided to you today? _____

This is an anonymous survey, but if you would like a follow-up phone call on today's service, please provide name and phone number below:

Name: _____ Phone Number: _____

Please put your comment card in the box provided. Thank you!

(over)

Customer Satisfaction Comment Card

Please read each statement below and check the box that best describes how strongly you agree or disagree with the following statements. When you are done, please put in the box provided. Thank you!

Date of Service: ___/___/___

1. The staff was knowledgeable. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't Know
2. The staff treated me with respect. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't Know
3. The staff was helpful. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't Know
4. The staff spent adequate time with me. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't Know
5. Is there anything you would change with the service you received today?
6. Overall, I am satisfied with the services I have received in the office today. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't Know
7. What if anything about your experience with the service you received was really great?
Other Comments: