

Rutherford Polk McDowell Health District
 Environmental Health Department
Client Satisfaction Survey

DATE: ____/____/____

Your opinions are important to us. Thinking about your request for services, how would you rate the following? In terms of satisfaction with a typical visit to either our Health Department , or Environmental Health Department office, please rate all questions as Excellent, Good, Fair, Poor or Not Sure. Circle only one for each question.

1. The ease in which you make an application	Excellent	Good	Fair	Poor	Not Sure
2. The convenience of our office hours, and location(s).	Excellent	Good	Fair	Poor	Not Sure
3. Your ease in reaching Environmental Health by phone.	Excellent	Good	Fair	Poor	Not Sure
4. Your phone questions were answered quickly.	Excellent	Good	Fair	Poor	Not Sure
5. The quality of information or advice we provide by telephone.	Excellent	Good	Fair	Poor	Not Sure
6. Timely reporting of your test and procedure results.	Excellent	Good	Fair	Poor	Not Sure
7. The attitude and conversation between the Health Department staff and you.	Excellent	Good	Fair	Poor	Not Sure
8. The friendliness, courtesy, and service of our Clerical Staff.	Excellent	Good	Fair	Poor	Not Sure
9. The courtesy, and service of our Environmental Health Specialists.	Excellent	Good	Fair	Poor	Not Sure

Thank you for taking the time to fill out this survey.

Additional Comments:
