



Your Satisfaction and Feedback is Important
 Please take the time to answer the following questions about public health services offered by the Mineral County Health Department. Your responses will help to improve our services and better meet your needs.

1. Please indicate which services you have utilized at the Mineral County Health Department today:

- °WIC
- °Immunization Services
- °Parents as Teachers Group Connections
- °Parents as Teachers Home Visiting
- °Lactation Services
- °Other _____
- °Drug Free Community Services
- °Best Beginnings Community Council
- °School Nursing Services
- °Pregnancy Related Services
- °Tobacco Cessation Program

2. Please rate your satisfaction with the following:

	Not at All	Sometimes	Most Times	Always	N/A
The staff was friendly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff was respectful of my values?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff was knowledgeable and answered my questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff provided appropriate referrals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt satisfied with the quality of service provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How did you learn about the services that we provide? _____

4. Please describe your overall experiences with Mineral County Health Department Services. We appreciate any suggestions.

5. Additional comments:

Thank you for taking the time to respond to our survey.