

**Foothills 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.

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|---|-----------|------|------|------|----------|
| 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:
