



# Client Satisfaction Survey

We are conducting a voluntary survey to assess the quality and effectiveness of our educational materials and marketing efforts. In order for us to improve our services, please take a few minutes to let us know if the Maternal and Child Health Services offered by this public health department have been helpful to you. Your responses are anonymous and confidential.

1. What is your age?

Under 15                      15-19                      20-25                      25-30  
30-35                      40-45                      45 and older

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2. What is your gender?

Female                      Male

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3. What city/town do you live in?

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4. What county do you live in?

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5. What is your race?

White                      Native American                      Asian                      Black  
Pacific Islander                      Other

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6. What is your ethnicity?

Hispanic                      Not Hispanic

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7. Are you currently pregnant?

Yes  
No

8. Do you have any children?

Yes      No

If "Yes" please list the ages your children

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9. How did you learn about our Maternal and Child Health Services? (Circle all that apply)

Spouse	Relative
Friend	Hospital
Doctor	Clinic Nurse
Social Worker	Teacher or other school member
WIC	Medicaid
Newspaper	Radio
TV	Health Department Website
Facebook	Twitter
Phone book	Billboard
Posters	Brochures
Healthy Mothers/Healthy Babies	Welfare Program (SNAP, TANF, WIC)

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10. Which of the following services have you used? (Circle all that apply)

Public Health Visit	Well Child Checkups
Family Planning	WIC
Home Health	Pregnancy Services/MIAMI
Immunizations	Blood Pressure
HIV Services	Tobacco Programs
Nutrition	Dental Care
Other	

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11. Have you received informational brochures or handouts from the Health Department?

Yes      No

If "Yes", were the materials you received helpful?

Yes      No

Please identify those materials that were the most helpful to you.

12. How would you like to hear about information or other events related to this Health Department? (Circle all that apply)

- |                  |            |                 |
|------------------|------------|-----------------|
| Phone call       | Text       | Email           |
| Twitter          | Website    | Facebook        |
| Radio            | TV         | Local Newspaper |
| School Newspaper | Billboards |                 |
| Other            |            |                 |
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13. Where do you think we should advertise to reach more people in our community about our services or events? (Circle all that apply)

- |                           |                  |
|---------------------------|------------------|
| TV                        | Radio            |
| Websites                  | Facebook         |
| Grocery Stores            | Gas Stations     |
| College/University        | Library          |
| Consignment/Thrift Stores | Bars             |
| Local Newspaper           | School Newspaper |
| Parks                     | Billboards       |
| Banks                     | Restaurants      |
| Other                     |                  |
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14. Have you ever used the County Health Department's website?

- Yes
- No
- I do not have access to a computer
- County Health Department doesn't have a website

If "Yes" what kind of information were you looking for? (Circle all that apply)

- |          |             |                  |            |
|----------|-------------|------------------|------------|
| Location | Hours       | Services Offered | Employment |
| Events   | Other _____ |                  |            |

Was the information you were looking for easy to find?

- Yes
- No

15. What do you think are the most important issues affecting the health of the residents of this town/city? Please select one answer for each row to show how important the following issues are to your community.

	Unimportant	Low Importance	Neutral	Important	Very Important
Air Quality					
Asthma					
Homeless					
Binge Drinking					
Cancer					
Child Abuse					
Child Safety					
Diabetes					
Heart Disease					
Illegal Drug Use					
Low Birth Weight					
Mental Health					
Obesity					
Sexually Transmitted Diseases					
Teen Pregnancy					
Tobacco Use					
Underage Drinking					
Violence					
Water Quality					

16. Please rate your satisfaction on the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff was respectful of my time					
Staff was respectful of my family values					
Staff was knowledgeable and answered my questions					
Staff connected me to other services in the community					
My confidentiality was respected					
Overall, how would you rate the quality of services you received?					

17. Were there any services that you did not find helpful?

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18. Is there anything that we can do to improve our services?

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19. Would you recommend health department services to a friend?

Yes      No

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20. Would you recommend health department services to a family member?

Yes      No

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21. Have you used the Montana Department of Health and Human Services website?  
<http://www.dphhs.mt.gov/>

Yes      No

*Thank you for taking the time to complete this survey.*