**Bethlehem Health Bureau** 

**Client Satisfaction Survey**

Thank you for choosing the Bethlehem Health Bureau*.* In order to continuously improve the services we provide our clients, we kindly ask that you complete the following survey.

1. **During your most recent encounter with the Bethlehem Health Bureau, what program/service did you receive?**

**Name of Program or Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Where did you learn about our available services?**

[ ] Friend or Family Member [ ] Health Department Staff Member

[ ] Community Organization [ ] Website

[ ] Social Media [ ] Flyer [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Was it easy to find the information about our services and programs?**

[ ] **Yes** [ ] **No** [ ] **N/A**

1. **Please rate the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Good** | **Fair** | **Poor** | **N/A** |
| **Our Staff** |  |  |  |  |
| The knowledge of staff |  |  |  |  |
| Professionalism and courtesy of staff |  |  |  |  |
| Answered all of your questions |  |  |  |  |
| Cultural values/beliefs were respected |  |  |  |  |
| **Our Program/Service** |  |  |  |  |
| Quality of program/service provided |  |  |  |  |
| The wait time to receive the program/service  |  |  |  |  |
| Convenient hours |  |  |  |  |
| Program/services met my needs |  |  |  |  |
| **Facility**  |  |  |  |  |
| Convenience of location |  |  |  |  |
| Neat and clean |  |  |  |  |
| Comfort and safety  |  |  |  |  |
| Privacy |  |  |  |  |
| **Overall rating of service** |  |  |  |  |

**PLEASE COMPLETE OTHER SIDE**

1. **I would recommend the Bethlehem Health Bureau to my friends and family.**

[ ] Yes [ ] No [ ] Maybe [ ] N/A

1. **What did you like most about the program/service you received?**
2. **What did you like least about the program/service you received?**
3. **Do you have any suggestions for improvement?**
4. **Would you be willing to be contacted about your feedback?**

**If yes, please include your: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You can complete this survey online at: -------------**

**OR**

**You may mail the survey to:**

**Bethlehem Health Bureau 10 E Church Street Bethlehem, PA 18018**

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