

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: _____

2. Where did you learn about our available services?

- | | |
|--|---|
| <input type="checkbox"/> Friend or Family Member | <input type="checkbox"/> Health Department Staff Member |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Website |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Other: _____ | |

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

- Yes No N/A

4. 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



