RETHLEHEM Pennsylvania

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 avai						
	\square Friend or Family Member	\square Health Department Staff Member					
	☐ Community Organization	□Website					
	☐Social Media	□Flye	r				
	☐ 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		
r Ct	off						

	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



5.	I would reco	would recommend the Bethlehem Health Bureau to my friends and family.								
	\square Yes	\square No	\square Maybe	□N/A						
6.	What did yo	u like most a	bout the progran	m/service you received?						
7.	What did yo	u like least al	oout the progran	n/service you received?						
8.	Do you have	any suggesti	ons for improve	ment?						
9.	-	e willing to be include you		out your feedback? per:						
	You can complete this survey online at:									
	OR You may mail the survey to: Bethlehem Health Bureau 10 E Church Street									
Bethlehem, PA 18018										