



Customer Satisfaction Survey






1. What department did you visit?

Air Environmental Nursing
 Minority Health Vital Statistics

2. How long was your wait?

10 Minutes or Less 10-30 Minutes 30 Minutes or More

Please Circle Below:

	Poor 	Fair 	Neutral 	Good 	Great 
3. Are you happy with your visit today?					
4. Was the staff friendly?					
5. Was the staff helpful?					
6. Was the location easy to find?					

Comments



Public Health
 Prevent. Promote. Protect.

Youngstown City Health District

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1=Poor, 2= Fair, 3=Neutral, 4= Good, 5= Great

3. Are you happy with your visit today? 1 2 3 4 5
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Encuesta de satisfacción del cliente

1. ¿Qué departamento visitaste? Por favor marque

Air Environmental Nursing Minority Health Vital Statistics

2. ¿Cuánto tiempo estuvo su espera? Por favor marque

10 Minutos o menos 10-30 Minutos 30 Minutos o más

Por favor marque:

1= Pobre, 2= Justa, 3=Neutral, 4= Bueno, 5= Estupendo

3. ¿Estás contento con tu visita de hoy? 1 2 3 4 5
4. ¿El personal era amistoso? 1 2 3 4 5
5. ¿Fue útil el personal? 1 2 3 4 5
6. ¿La ubicación fue fácil de encontrar? 1 2 3 4 5

Comentarios



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