

Central Oklahoma Healthy Start Initiative CLIENT SATISFACTION SURVEY



We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services.

All responses will be kept confidential and anonymous. *Thank you for your time.*1 = Poor, 2 = Needs Improvement, 3 = Average, 4 = Good, 5 = Very Good (PLEASE CIRCLE ONE)

Front Desk/Intake/Outreach/Management (please circle):

Scheduling Appointment - Main Number	1	2	3	4	5		
Prompt Return of Calls - Main Number	1	2	3	4	5		
Professional and Helpful	1	2	3	4	5		
Care Manager and/or Healthy Start Health Care Provide	<u>der</u>	(p	lea	se	circ	<u>cle)</u> :	
Listens to Concerns	1	2	3	4	5		
Takes Time with You/Explains Condition	1	2	3	4	5		
Gives Good Advice and Treatment	1	2	3	4	5		
Coordination of care – referrals, resources, etc.	1	2	3	4	5		
Gives good advice and care/treatment	1	2	3	4	5		
Education on pregnancy, baby, self-care, etc.	1	2	3	4	5		
Prompt Return of Calls/Texts	1	2	3	4	5		
Professional and Helpful	1	2	3	4	5		
<u>OTHER</u>							
Cleanliness of Clinic	1	2	3	4	5		
Time waiting for assistance	1	2	3	4	5		
Baby Boutique Selection	1	2	3	4	5		
Class (please name):	1	2	3	4	5		
FOR BELOW: 1 = Never, 2 = Not likely, 3 = Neutral, 4 = Somew. Likelihood You Will Return				5 = 4		finitely (Please Circle On	IE)
Would Consider Referring a Friend / Relative	1	2	3	4	5		
Preferred Appointment Time: Weekdays: 7:30 - 9	9:30) a.ı	n.			10 a.m 4 p.m.	
4:30 p.m 7 p.m. or Saturdays: 9 a.m 12 p.n	า			11 a	ı.m.	- 2 p.m.	
How did you hear about us: Social MediaOther	_ F	ami	ly/l	=rie	nd	Former Clier	nt
Other comments:							
Location:Oklahoma CountyPottawatomie County Provider	: <u> </u>					Date:	
OPTIONAL: I would like information on other services: Dental / Behav							ner
You may contact me (please print):							
My Phone Number with Area Code Is: My Email Is:							