

**The following optional questions ask for information to help promote our programs and services.**

22. Do you have access to the Internet?  
 1. Yes       2. No

23. Have you used our website, [www.muskegonhealth.net](http://www.muskegonhealth.net)?  
 1. Yes       2. No

24. Which social networking site do you use the most? (Please pick one.)  
 1. I don't use social networking sites.  
 2. Facebook  
 3. LinkedIn  
 4. Twitter  
 5. Other: \_\_\_\_\_

25. If you have a cell phone, do you use it for texting?  
 1. Yes       2. No

26. Where do you get most of your news? (Please pick one.)  
 1. Television  
 2. Newspaper  
 3. Internet  
 4. Radio  
 5. Other: \_\_\_\_\_

27. Which radio station do you listen to the most? (Please pick one.)  
 1. I don't listen to the radio.  
 2. WMUS 107.9 FM  
 3. WJQK 99.3 FM  
 4. WSNX 104.5 FM  
 5. Other: \_\_\_\_\_

28. Which newspaper do you read the most? (Please pick one.)  
 1. I don't read a newspaper  
 2. Muskegon Chronicle  
 3. White Lake Beacon  
 4. Grand Rapids Press  
 5. Other: \_\_\_\_\_

29. What is your gender?  
 1. Female       2. Male

30. What is your current age?  
 1. Under 18 years old  
 2. 18-24 years old  
 3. 25-34 years old  
 4. 35-44 years old  
 5. 45-54 years old  
 6. 55-64 years old  
 7. 65-74 years old  
 8. 75+ years old

31. What is the highest level of education you have completed?  
 1. Less than High School  
 2. High School graduate  
 3. Some College  
 4. College graduate

32. What is your household income?  
 1. Less than \$20,000  
 2. \$20,000 to \$34,999  
 3. \$35,000 to \$49,999  
 4. \$50,000 to \$74,999  
 5. \$75,000 or greater

# Customer Satisfaction Survey



**Public Health**  
Prevent. Promote. Protect.

**Muskegon County**

In order to improve the service we provide, we ask that you complete this customer satisfaction survey.

When finished, please put the survey in the drop box on your way out of the building.

A copy of this survey is also on our website at [www.muskegonhealth.net](http://www.muskegonhealth.net).

***Thank You!***

**The following questions ask for information to help improve our programs and services.**

Date of visit: \_\_\_\_\_

1. During your visit, what program did you use or service did you receive?

- 1. Immunizations
- 2. TB Skin Testing
- 3. Dog Licensing
- 4. Well or Septic Permits
- 5. WIC
- 6. STD Testing or Treatment
- 7. Other: \_\_\_\_\_

2. Did you come alone?

- 1. Yes       2. No

3. How long were you here?

- 1. Less than 15 minutes
- 2. 15-30 minutes
- 3. 31-60 minutes
- 4. More than 60 minutes

4. Were you given information about other services that might benefit you?

- 1. Yes       2. No

5. Where did you learn about the program or service?

- 1. From a friend or family member
- 2. From a doctor/nurse/clinic
- 3. From a public health employee
- 4. From a realtor or contractor
- 5. Other: \_\_\_\_\_

6. Did anyone provide outstanding service?  1. Yes  2. No

If yes, whom? \_\_\_\_\_

Please indicate if you agree or disagree with each of the following statements by circling the number under your response.	Yes	No	Does Not Apply
7. The building was easy to find.	1	2	3
8. Signs in the building were helpful.	1	2	3
9. The building was clean.	1	2	3
10. The hours met my needs.	1	2	3
11. The wait time was appropriate.	1	2	3
12. The staff was easy to identify.	1	2	3
13. The staff was welcoming.	1	2	3
14. The staff greeted me promptly.	1	2	3
15. The staff was courteous and professional.	1	2	3
16. The staff appeared knowledgeable and competent.	1	2	3
17. The staff was willing to help me.	1	2	3
18. The staff took the time to listen to me.	1	2	3
19. The staff did their best to help meet my needs.	1	2	3
20. I would recommend this program/service to others.	1	2	3

21. What can we improve? (Please be specific.) \_\_\_\_\_

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