

Paris-Lamar County Health Department
Client Satisfaction Survey

Your answers are strictly confidential. You do **NOT** have to sign your name.

**Please return to the front counter at the Health Department OR mail to:
Paris-Lamar County Health Department, 400 West Sherman Street, Paris, Texas 75460
Please call Gina Prestridge at 903-785-4561 ext. 245 with any complaints.**

Please circle your answer.

Date: ____/____/____

1. **Was your first appointment within 2 weeks after the day you scheduled it?**
A. Yes B. No C. Unsure

2. **How did you get to the clinic today?**
A. Drove B. Walked C. Got a ride D. Public transportation

3. **Did you have any problems filling out forms here at the clinic?**
A. Yes B. No

4. **On day of appointment, how long did you have to wait before you were seen by a nurse/health care provider?**
A. 1 - 15 minutes B. 15 – 30 minute C. 31 -60 minutes D. Over 1 hour

5. **When you were asked personal questions, were the questions asked privately so others could not hear?**
A. Yes B. No C. Unsure

6. **In general, how comfortable are you talking about your health care concerns with the clinic staff?**
A. Not comfortable B. Slightly Comfortable C. Comfortable D. Very Comfortable

7. **When you asked the staff questions, did they answer your questions and explain their answers to you?**
A. Yes B. No C. Did not ask any questions

8. **Did you feel comfortable asking the staff questions?**
A. Yes B. No

9. **What time would be the most convenient for you to come to the clinic?**
A. Mornings B. Afternoon

10. **What have you been told by the staff to do if you get sick or hurt AFTER clinic hours?**
A. Go to Emergency Room. B. Given phone number to call. C. Wasn't told what to do.

11. **How useful is the health education information provided by the clinic?**
A. Not Useful B. Slightly Useful C. Useful D. Very Useful E. I never received any.

12. **Overall, how would you rate our staff/services?**

Telephone Operators:	A. Excellent	B. Good	C. Fair	D. Poor
Front Desk Clerks: :	A. Excellent	B. Good	C. Fair	D. Poor
Translators: :	A. Excellent	B. Good	C. Fair	D. Poor
Nurses: :	A. Excellent	B. Good	C. Fair	D. Poor
Nurse Practitioners: :	A. Excellent	B. Good	C. Fair	D. Poor
Services:	A. Excellent	B. Good	C. Fair	D. Poor

13. **List any other services would you like to see available at the clinic?** _____

14. **If you could change anything at the clinic to make it better, what would it be?** _____

15. **Please explain any negative responses:** _____

