

Customer Satisfaction Survey

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Form approved
OMB Form No. 0917-0036
Expiration Date:

Customer Satisfaction Survey

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PORTLAND AREA DIVISION OF ENVIRONMENTAL HEALTH SERVICES: CUSTOMER SERVICE ASSESSMENT

The Environmental Health Services (EHS) program wants to provide the best services possible. Please take a few minutes to respond to the questions below. Your input helps us set priorities for improvement.

+ Add Question ▼

Q1

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*** 1. Tribe or community where you live or where you received services.**

+ Add Question ▼

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Q2

Edit Question ▼

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2. Program you work for (if services received through work):

+ Add Question ▼ Split Page Here

Q3 Edit Question ▼ Add Question Logic Move Copy Delete

3. EHS Staff who provided services:

- CDR Karin Knopp
- LCDR Stephanie Coffey
- LCDR Shawn Blackshear
- Ms. Lorna Morgan
- Ms. Alyssa Bernido
- Ms. Holly Thompson
- CDR Nancy Collins
- LT Matthew Ellis
- CDR Celeste Davis
- Other (please specify)

+ Add Question ▼ Split Page Here

Q4 Edit Question ▼ Move Copy Delete

4. When did you receive services?

Date MM / DD / YYYY

+ Add Question ▼

+ Add Page

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Quality of Service

+ Add Question ▼

Q5 Edit Question ▼ Add Question Logic Move Copy Delete

* 5. Service or technical assistance met the needs or resolved the issue.

- Yes
- No
- Don't Know

Other (please specify)

+ Add Question ▼ Split Page Here

Q6 Edit Question ▼ Move Copy Delete

*** 6. Assessment, findings, and corrective actions clearly explained.**

	Yes	No	N/A
Please indicate your response by checking the box that represents your view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

+ Add Question ▼ Split Page Here

Q7 Edit Question ▼ Add Question Logic Move Copy Delete

*** 7. Quality of information, outcome or survey report.**

	Excellent	Good	Average	Fair	Poor
Please indicate your response by checking the box that represents your view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼

+ Add Page

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Quality of Staff

+ Add Question ▼

Q8 Edit Question ▼ Add Question Logic Move Copy Delete

*** 8. Professionalism and courtesy of the EHS representative.**

Please indicate your response by checking the box that represents your view.

Excellent	Good	Average	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼ Split Page Here

Q9 Edit Question ▼ Add Question Logic Move Copy Delete

*** 9. Level of understanding and concern shown by EHS staff about the program or issue.**

Please indicate your response by checking the box that represents your view.

Excellent	Good	Average	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼ Split Page Here

Q10 Edit Question ▼ Add Question Logic Move Copy Delete

*** 10. Knowledge and information provided by EHS staff.**

Please indicate your response by checking the box that represents your view.

Excellent	Good	Average	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Add Question ▼

+ Add Page

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Process

+ Add Question ▼

Q11 Edit Question ▼ Move Copy Delete

*** 11. Response time to answer your question(s), return your phone call or email, or provide you with a result or written report.**

Please indicate your response by checking the

Prompt, timely	Took too long
<input type="radio"/>	<input type="radio"/>

Prompt, timely

Took too long

box that represents your view.

Other (please specify)

Text input field for specifying other views.

+ Add Question

+ Add Page

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Overall

+ Add Question

Q12 Edit Question Add Question Logic Move Copy Delete

* 12. How would you rate the staff, services, and products provided by EHS?

Excellent Good Average Fair Poor

Please indicate your response by checking the box that represents your view.

Radio button selection options for rating the staff, services, and products provided by EHS.

+ Add Question Split Page Here

Q13 Edit Question Move Copy Delete

13. What do you like best about the services provided by the Environmental Health Services program?

Text input field for describing what is liked best about the services provided by the Environmental Health Services program.

+ Add Question Split Page Here

Q14 Edit Question Move Copy Delete

14. What can EHS do better?

Text input field for suggesting what EHS can do better.

+ Add Question ▼ Split Page Here

Q15 Edit Question ▼ Move Copy Delete

15. If you would like us to contact you, please leave your information. Thanks!

Name:

Company:

Address:

Address 2:

City/Town:

State: -- select state --

ZIP:

Email Address:

Phone Number:

+ Add Question ▼

+ Add Page

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

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