

**Chinle Service Unit (CSU) Health Promotion/Disease Prevention  
 Customer Satisfaction Survey**

Date: \_\_\_/\_\_\_/\_\_\_

Thank you for participating in one of our Health Promotion/Disease Prevention/Chinle Wellness Center programs today. You are a valued customer and what you have to say is important to us. Please take a moment to let us know how we are doing by filling out this form and giving us your honest feedback.






**Age:**

- Less than 18 years       35 – 64 years  
 18 – 34 years         65 years and older

**Gender:**

- Male  
 Female

For each statement below circle the numbers 1-5 based on this scale:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
				
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>

1. I would recommend the HPDP/CWC to my family and friends. ----- 1 2 3 4 5
2. Usually my health is good. - - - - - 1 2 3 4 5
3. I am sure I can take care of my own health (T'áá hwó'ají t'éego). - - - - - 1 2 3 4 5
4. The staff treated me with courtesy and respect at all times today. - - - - - 1 2 3 4 5
5. The facility/event was clean and safe for all participants. - - - - - 1 2 3 4 5
6. The staff worked well together and communicated effectively. - - - - - 1 2 3 4 5
7. I plan on using the information I received today within the next 3 days - - - - - 1 2 3 4 5

What comments or suggestions do you have to improve our services, activities, and events?

\_\_\_\_\_

What type of activity would you like to see in your community?

\_\_\_\_\_

HP STAFF USE ONLY

- Injury Prevention    --- CCWP    --- School Health    --- AV production services    --- MSPI    --- DVPI -- CWC

HP Staff: \_\_\_\_\_ HP program: \_\_\_\_\_ HP Site:  Chinle     Pinon     Tsaille

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