



## Office of Native Medicine (ONM) Service Survey

Date of Visit: \_\_\_\_\_ Time: \_\_\_\_\_

Thank you for participating in our ONM Customer Satisfaction Survey 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.

**Gender:** \_\_\_ Male      **Ages:** \_\_\_ 5 years and younger   \_\_\_ 6-17 years   \_\_\_ 18-34years  
 \_\_\_ Female              \_\_\_ 35-64 years              \_\_\_ 65-years and older

For each statement below circle the number based on this scale:

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

- |   |                  |
|---|------------------|
| 1. I would recommend ONM to my family and friends.                      | <b>1 2 3 4 5</b> |
| 2. Usually my health is good.   | <b>1 2 3 4 5</b> |
| 3. I am sure I can take care of my own health. (T'áá hwo ajit'éego)     | <b>1 2 3 4 5</b> |
| 4. The ONM Staff greeted me well today.                                 | <b>1 2 3 4 5</b> |
| 5. The information given to me today about my health was helpful.       | <b>1 2 3 4 5</b> |
| 6. The Native healer explained things clearly to me during my visit.    | <b>1 2 3 4 5</b> |
| 7. Having Native Medicine services available through IHS is beneficial. | <b>1 2 3 4 5</b> |
| 8. Did Native Medicine Staff showed good customer services.             | <b>1 2 3 4 5</b> |

What did we do well today? \_\_\_\_\_

What can ONM do better to service patients/clients? \_\_\_\_\_

-----**For Native Medicine Use Only**-----

**Practitioner Name:** \_\_\_\_\_

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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 3 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.