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

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

		ne of our Health Promotion oment to let us know how v							
□ Male □ Femal	Age:	☐ Less than 18 years ☐ 18 – 34 years	35 − 64 ± 65 years						
	Fo	or each statement below c	rircle the number	s 1-5 based on t	his scale:				
	1	2	3	4	5				
	Strongly	•	Neutral	Agree	Strong	•			
1.	I would recommend the	ne Health Promotion Prog	gram to my family	and friends	1 2	3	4	5	
2.		ood						5	
3.	I am sure I can take c	are of my own health (T'á	á hwó'ají t'éego)		1 2	3	4	5	
4.	The staff treated me v	vith courtesy and respect a	at all times today.		1 2	3	4	5	
5.	The facility/event was	clean and safe for all part	ticipants		1 2	3	4	5	
6.		together and communicat							
What co	omments or suggestion	s do you have to improve o	our services, activ	rities, and events	?		-		
111111111111111111111111111111111111111		HP_	STAFF USE ONLY						
□Inj	ury Prevention□	CCWP□School Health	□AV produc	tion services	□MSPI -	DI	OVPI	ı	
HP Staff		HP program:		HP Site: □Chin	le □Pinor	ı 1	□Ts	aile	
Re	vised 7/28/15								

Chinle Service Unit (CSU) Health Promotion

**Customer Satisfaction Survey** 

Gender:

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.