**Public Health Nursing**

**Customer Service Survey**

**Care- Giver**

**Patient’s Community/Residence:**

 Black Mesa/Kitsillie  Low Mountain  Cottnwood/Blk Mtn  Valley Store  Round Rock

 Blue Gap/Tachee  Pinon  Canyon de Chelly  Many Farms  Lukachukai/U. Grswd

 Burntcorn  Smoke Signal  Spider Rock  Salina Springs  Tsaile/Black Rock

 Forest Lake  Whippoorwill  Del Muerto  Rough Rock  Wheatfields

 Hard Rock  Chinle  Nazlini  Rock Point  Other \_\_\_\_\_\_\_\_\_\_\_\_

**Patient’s Gender:** \_\_ Male \_\_ Female

**Patient’s Age:** \_\_ 5 years and younger \_\_ 18 – 34 years \_\_ 65 years and older \_\_ 6 – 17 years \_\_ 35 – 64 years

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

**1 2 3 4 5**

 Strongly Disagree Neutral Agree Strongly

 Disagree Agree

1. I would recommend Public Health Nursing (PHN) services to my family and friends **1 2 3 4 5**
2. I am sure I can take care of my patient’s health **1 2 3 4 5**
3. I feel comfortable discussing my patient’s care issues with PHN staff **1 2 3 4 5**
4. The PHN staff helped me make a plan to improve my patient’s health **1 2 3 4 5**
5. I am able to get the care I need for my patient when I need it **1 2 3 4 5**
6. The PHN staff treated me and my patient with courtesy and respect at all times today **1 2 3 4 5**
7. The health information given to me by the PHN staff was explained clearly **1 2 3 4 5**
8. The PHN staff greeted me at the beginning of their visit **1 2 3 4 5**

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

How can we do better? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHN STAFF USE ONLY

* Group Visits  Family Spirit  Home Visit  Flu Clinic  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHN Staff Name: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Revised 04.20.15

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