



# JO DAVIESS COUNTY HEALTH DEPARTMENT

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 environmentalhealth@jodaviess.org

## PUBLIC HEALTH ADMINISTRATION CONSUMER SATISFACTION SURVEY

DATE: \_\_\_\_\_

As a consumer of our public health services, you may have formed an opinion about their quality. Please complete the following questionnaire. We value your comments.

What Public Health Administration services did you receive? (please check all that apply)

- |                                                    |                                                       |
|----------------------------------------------------|-------------------------------------------------------|
| _____ Vital records (birth and death certificates) | _____ Public Health Administration questions/concerns |
| _____ Access to care                               | _____ Well Woman referrals                            |
| _____ General information                          | _____ Other (please describe) _____                   |

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Telephone courtesy by the staff				
Timely response to request				
Helpfulness of the staff				
Quality of information				
Overall satisfaction				

Have you recommended the services of the Jo Daviess County Health Department ? Yes \_\_\_\_ No \_\_\_\_

Would you recommend the services of the Jo Daviess County Health Department ? Yes \_\_\_\_ No \_\_\_\_

Please tell us what, if anything, can be done to improve the services provided. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Name (optional): \_\_\_\_\_