








Attachment D

CUSTOMER SATISFACTION SURVEY

The services you were provided today are funded by the Montgomery County Department of Health and Human Services Asian American Health Initiative and are not operated or staffed by Montgomery County Government. Your feedback will help the Asian American Health Initiative develop and fund services with a high customer satisfaction rate.

1. How do you feel about your recent experience with us?

	Strongly Agree  	Agree 	Not Sure 	Disagree 	Strongly Disagree  	Not Applicable (N/A)
I was served in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My needs were understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to access such services again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was helped with or know where to go to find additional resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in improving my health after today's interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned something new about my health and wellness after today's interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I was satisfied with the service I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you need language interpretation or sign language help?

- No (Go to Question 3) Yes (Go to Question 2a)
 2a. Did you get it? No (Go to Question 3) Yes

3. Thank you for any comments /suggestions:

Enter comments or suggestions

Enter Comments or suggestions.

4. For us to know who we can better serve, we'd like to know something about you.

What is your gender?

- Male Female Prefer Not To Say Other

What is your age?

- 17 and under 18 – 34 35 – 54 55 – 65 Over 65

What is your ethnicity?

- Hispanic Not Hispanic or Latino

What is your race?

- Asian Indian Chinese Filipino
 Korean Vietnamese Other Please Specify

What zip code do you live in?

Enter Zip Code.

Thank You!