**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?**

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

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

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!**

To contact AAHI directly about your service experience, email **AAHI@montgomerycountymd.gov**  

June 2022