

TREASURE COUNTY PUBLIC HEALTH
MATERNAL CHILD HEALTH (MCH) CLIENT SATISFACTION SURVEY
2011

In an effort to make our services better, please take a few minutes to let us know if the maternal and child health services offered by this public health department have been helpful to you and how we can improve what we do to better meet your needs. All answers will be kept confidential. Thank you!

DATE: _____

1. How did you find out about our maternal and child health services?

- A. Hospital B. From a friend C. WIC D. Doctor E. Nurse F. Phonebook/newspaper
 G. Healthy Mothers/Healthy Babies H. Medicaid/Food Stamps I. Other, please specify _____

2. Are you pregnant? Yes No

3. Please list the ages of your children _____

4. How long have you been working with us? What changes have you/your family made from our information?

5. In what areas have we helped your family? Financial Housing Parenting Medical care Dental care
 Fetal development Warning signs Childbirth education Birth control Payment for medical care
 Developmental screening Nutrition Lifestyle choices Other

6. Do you use the information from Videos Handouts (examples: pamphlets, flyers and booklets) Applications

7. Did you try to contact any of the MCH staff with questions or concerns? Yes No

If yes, did you have any problem in reaching that person? Yes No

8. Which services did you not find helpful? (Explain) _____

9. How often did you have visits? Once a month For developmental screenings

Other, please specify _____

10. How would you rate the frequency of visits? Too frequent Just right Not frequent enough

11. What time of day is the best for visits? _____mornings _____afternoons _____evenings _____week ends

12. Please check the box that best shows how much you agree or disagree with the following statements:

	Not at All	Sometimes	Most Times	Always
The staff was respectful of my time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff was respectful of my family values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff was knowledgeable and answered my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff connected me to other services that I did not know about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall the maternal and child health services were helpful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How could we improve our services?

14. Overall, how would you rate the quality of services? (circle your answer)

Excellent Very good Good Fair Poor

15. Please rate your overall satisfaction with services received. (circle your answer)

Very satisfied Satisfied Dissatisfied Very dissatisfied

16. Would you recommend this program to others?

Yes No

Comments:

Thank you. We will use the information you provide to improve our services to you.