

Date: _____

At the Child and Adolescent Health Centers, providing quality care is the most important service we offer. Help us maintain the finest quality and service by answering the following questions. Thank you.

Which provider did you see? Nurse Practitioner School Nurse Counselor
Where did you receive services? Ironmen Health Center Hornet Health Center Rambler Wellness Program

| How satisfied are you with: | | Extremely Satisfied | Very Satisfied | Slightly Satisfied | Not at all Satisfied |
|-----------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | the check-in person helping your child feel welcome and comfortable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | the Health Center for helping take care of your child's problems/concerns? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | the Health Center for treating you and your child with respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | the health professionals for making you and your child feel comfortable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | the health professionals for giving you and your child helpful information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | the health professionals for listening to you and your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | the health professionals for explaining things to you and your child?? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | the health professionals for spending time with you and your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Would you tell other parents/guardians to use the Health Center for their children's health care? Yes No Maybe
11. If your child has a health problem/concern in the future, will you use the Health Center again? Yes No Maybe
12. How often has your child used the Health Center this year? First visit 2-3 times Many times
13. How often have you come to the Health Center this year? First visit 2-3 times Many times
14. Why has your child used the Health Center? Sick or hurt Needed a physical Needed immunizations
(You can check more than one) Other personal problems Counseling Services
15. I am a: Mother Father Grandparent Guardian Other caregiver

Do you have any additional comments or suggestions on how we might improve our services? _____



IRONMEN HEALTH CENTER
Mancelona Family Resource Center
205 Grove St., Mancelona, MI 49659
(231) 587-9840
Fax (231) 587-9846



HORNET HEALTH CENTER
Pellston Middle/High School
172 Park St., Pellston, MI 49769
(231) 539-8550
Fax (231) 539-8616



RAMBLER WELLNESS PROGRAM
Boyne City Elementary School
930 Brockway Boyne City, MI 49712
Boyne City Middle School
1025 Boyne Ave Boyne City, MI 49712
(231) 439-8253



GAYLORD BLUE DEVIL WELLNESS CENTER
Gaylord High School
90 Livingston Blvd., Gaylord, MI 49735
(989) 732-6890
Fax (989) 732-6891