

MACON COUNTY EMPLOYEE HEALTH SATISFACTION SURVEY

*Thank you for allowing the Macon County **Employee Health Clinic** to provide your medical care. We would appreciate it if you would complete this 3-page satisfaction survey and e-mail to Blair Mersereau at blersereau@maconnc.org or to remain anonymous, please sent to Blair via inter-office mail. (If you would like LIFE points, you must complete survey fully and include your information at bottom of survey)*

*Sincerely,
The Macon County Employee Health Staff*

1. Have you ever visited the Employee Health Clinic?

Yes

No

If yes, please answer the following questions...

Strongly Disagree

Disagree

No Opinion

Agree

Strongly Agree

Have Visited the Employee Health Clinic

1. Staff was courteous and helpful when the appointment was scheduled.
2. I did not wait too long to see the nurse and physician.
3. The Employee Health Nurse was courteous and helpful.
4. The Quality of medical care given by the Employee Health Physician was excellent.
5. The Physician spent a sufficient amount of time listening to my complaints and examining me.
6. I am satisfied with the degree of confidentiality at the Employee Health Clinic.
7. My overall rating of the clinic experience was excellent.
8. I would recommend the Employee Health Clinic to another employee for medical care.

If you have not visited the Employee Health Clinic, please answer the following questions

Have Not Visited the Employee Health Clinic

1. Are you willing to use the Employee Health Clinic when needed? Yes No
2. Please indicate below the reasons for not visiting the clinic.

Have not been sick. Difficult to leave work. I am not on the County Insurance plan.

Lack of confidence in the care I would receive. Always go to my Physician.

Other.

3. Are there other services you would like to see added to Employee Health? (please list)

2. Have you ever used Counseling Services at the Health Dept?

Yes No Prefer not to answer

If yes, please answer the following questions...

Strongly Disagree Disagree No Opinion Agree Strongly Agree

Have Used Counseling Services via the Health Department

1. Staff was courteous and helpful when the appointment was scheduled.
2. I did not wait too long to see the Counselor.
3. The Counselor was courteous and helpful.
4. The Quality of Counseling was excellent.
5. The Counselor spent a sufficient amount of time listening to me and giving me useful information.
6. I am satisfied with the degree of confidentiality in counseling services offered at the Health Dept.
7. My overall rating of my experience was excellent.
8. I would recommend Counseling Services Via the Health Dept. to another employee.

If no or prefer not to answer, please answer the following questions...

Have not Utilized Counseling Services via the Health Department

1. If counseling services were offered via the health Department, would you be willing to utilize these services if needed **Yes No**

2. Please indicate below the reasons for not utilizing the Counseling Service.

Unaware of the program. Difficult to leave work. I am not on the County Insurance plan.

I don't feel I need these services. I am working closely with another provider

Other.

3. Have you ever utilized the Chronic Disease Program (includes stress less program, weight loss program, cholesterol/blood pressure support, tobacco cessation and any other lifestyle change meeting with the Employee Health Nurse)?

Yes No Prefer Not to Answer

If yes, please answer the following questions (next page)...

Have Utilized Chronic Disease Program

1. Staff was courteous and helpful when the appointment was scheduled.
2. I did not wait too long to see the Employee Health Nurse.
3. The Employee Health Nurse was courteous and helpful.
4. The Quality of Lifestyle change advice given by the Employee Health Nurse was excellent.
5. The Employee Health Nurse spent a sufficient amount of time listening to me and giving me useful information.
6. I am satisfied with the degree of confidentiality in the Chronic Disease Program.
7. My overall rating of my experience was excellent.
8. I would recommend The Chronic Disease Program to another employee.

If you have **not** utilized the Chronic Disease Program, please answer the following questions...

Have not Utilized Chronic Disease Program

1. Are you willing to use the Chronic Disease Program Yes No
2. Would you like to be contacted with more information on the Chronic Disease Program? Yes No
3. Please indicate below reasons for not utilizing the Chronic Disease Program.

Unaware of the program. Difficult to leave work. I am not on the County Insurance plan.

I don't feel I need these services. I am working closely with my Physician already

Other

We appreciate your feedback so much! If you would like LIFE points, please enter your information below

Name: _____

Department: _____