

Healthy Start Coalition

2944 Penn Avenue, Suite A
Marianna, FL 32448



Healthy Start Coalition requests your help. Please complete the following Customer Satisfaction Survey based on your experience with our organization and return it in the self addressed stamped envelope provided.

Who was your Healthy Start Care Coordinator or Parents As Teachers Educator? _____

1. My pregnancy or infant health care needs were met.

- Less than expected As expected More than expected Consistently more

2. The service or information received was clear and understandable.

- Less than expected As expected More than expected Consistently more

3. My Care Coordinator was well informed.

- Less than expected As expected More than expected Consistently more

4. My Care Coordinator was friendly and polite.

- Less than expected As expected More than expected Consistently more

5. My Care Coordinator kept all their appointments with me.

- Less than expected As expected More than expected Consistently more

6. My Care Coordinator returned my voice messages timely.

- Less than expected As expected More than expected Consistently more

7. Overall I am happy with the services I have received.

- Less than expected As expected More than expected Consistently more

8. Check the services your Healthy Start worker helped you to obtain:

- Medicaid Transportation WIC Car Seat Birth Control Mental Health Parenting
 Baby Items Choose a Physician Clothes Food Other: _____

9. Comments / Testimonial:

- Would you be willing to act as a reference for Healthy Start or Parents as Teachers in the future? Include your name and contact telephone number: Name: _____ Phone Number: _____