## Client Survey

**Virginia Department of Health Customer Survey**

Thank you for being willing to complete this survey. By filling out this survey, you agree to let Virginia Tech use the answers you provide to help the Virginia Department of Health and other health departments improve their services.

The answers you provide will be kept private; only the researchers will know how you replied. If you do not want to answer a question, you can skip it. If you have any questions about the survey, please ask the staff member who asked you to complete the survey.

**First, we would like to know what beverages you have drank in the past month.**

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? *Do not include diet soda or diet pop.* Select only one and fill in number.

🞏 \_\_\_ Times per day 🞏 \_\_\_ Times per week 🞏 \_\_\_ Times per month 🞏 Never

1. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? *Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks*. Select only one and fill in number.

🞏 \_\_\_ Times per day 🞏 \_\_\_ Times per week 🞏 \_\_\_ Times per month 🞏 Never

**These next 3 questions will help us understand the reading needs of people taking this survey.** *Choose only one answer for each question.*

1. How certain are you that you could fill out medical forms by yourself?

🞏 Extremely 🞏 Quite a bit 🞏 Somewhat 🞏 A little bit 🞏 Not at all

1. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. How would you describe your ability to read?

🞏 Excellent or very good 🞏 Good 🞏 Okay 🞏 Poor 🞏 Terrible or very poor

**Next, we would like to know how well staff at the Virginia Department of Health explain things to you and how well they listen to you.** *Choose only one answer for each question.*

1. Have you received services from the health department in the past 12 months, such as medical care, education, restaurant inspections or environmental services.

🞏 No *Skip to question 14* 🞏 Yes *Continue to question 7*

1. When you fill out health department forms, how often are they written in a way that is easy for you to read, understand, and complete?

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. When you receive written materials from the health department, how often are they easy for you to read and understand?

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. When you need information/services, how often do health department staff refer to important information about your history that you have previously given them?

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. When you need information/services, how often do health department staff spend enough time with you?

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. When you need information/services, how often do health department staff encourage you to ask questions?

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. When you need information/services, how often do health department staff explain things in a way that is easy to understand?

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. When you need information/services, how often do health department staff ask you to describe how you were going to follow instructions?

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

**Last, we have some questions are about you so we can learn about the people taking this survey.**

1. What is your gender? 🞏 Male 🞏 Female 🞏 Prefer not to respond
2. What year were you born? \_\_\_\_\_\_\_
3. Which of the following best describes you? *Choose all that apply*.

🞏 White 🞏American Indian/Alaskan Native

🞏Black or African American 🞏 Native Hawaiian or Other Pacific Islander

🞏 Asian 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Prefer not to respond

1. Which of the following best describes you? *Choose one*.

🞏 Hispanic 🞏 Non-Hispanic 🞏 Not sure

1. What is the highest grade of school that you completed? *Choose one*.

🞏 Grades 0-8 🞏 Grades 9-11 🞏 High school

🞏 Some college 🞏 College graduate 🞏 Graduate school

1. Would you like to learn more about SIP*smart*ER, a Virginia Department of Health program that helps decrease sugary drinks?

🞏 No 🞏 Yes; please provide your contact information below

1. May we contact you in the future to learn more about your views on Virginia Department of Health services?

🞏 No 🞏 Yes; please provide your contact information below

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_ Cell Receives Text Messages: Yes \_\_\_ No \_\_