



HEALTHY COMMUNITIES QUESTIONNAIRE

1. How is EAT doing in your community?

Excellent – meeting the community health needs.

Good – Trying, but not meeting ALL the needs of this community.

Poor – Does not address the health needs in our community

Comments: _____

2. What can EAT do better?

Provide other specialty care such as: _____

Improve customer service by: _____

Provide better equipment such as: _____

Other: _____

3. How many times have you visited the Clinic in your community this year? _____

4. Have you updated your registration this year? Yes No

5. Do you know about the EAT Registration Drive? Yes No

6. Your community: _____

7. Are there any specific needs you feel EAT could provide in your community?

Comments: _____

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How strongly do you AGREE or DISAGREE with each of the following statements? Circle one number on each line.	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
1. I am very satisfied with the medical care I receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It is easy for me to get medical care in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The clinic hours meet my needs. If not, I suggest: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My privacy is respected when I go to the clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you want someone to contact you about the Clinic or your patient care in your community? Yes no

If yes, my name is _____ and my contact # is _____

Thank you for completing this survey.

Would you be interested in working for Eastern Aleutian Tribes? Yes No

If yes please complete the following information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

I have experience in: _____
