

Partnership Survey

Date: ____/____/____

Chinle Service Unit Division of Public Health

Thank you for participating in our Division of Public Health program. We value your partnership, your opinions and strive to provide excellent services and professional technical assistance. Please take a moment to let us know how we are doing by completing this survey. Thank you for your comments.

For each statement below circle the numbers 1-5 based on this scale:



1. Rate your experience partnering with _____, in regards to the following categories?

| | | | | | | |
|--|-------|---|---|---|---|---|
| a) Met Program Goal(s) | ----- | 1 | 2 | 3 | 4 | 5 |
| b) Sustainability (Program building, improve systems, policy and protocol) | ----- | 1 | 2 | 3 | 4 | 5 |
| c) Constant and Active Involvement/Support | ----- | 1 | 2 | 3 | 4 | 5 |
| d) Follow-up | ----- | 1 | 2 | 3 | 4 | 5 |
| e) Collaboration | ----- | 1 | 2 | 3 | 4 | 5 |
| f) Clear and Consistent Communication | ----- | 1 | 2 | 3 | 4 | 5 |
| g) Overall Satisfaction | ----- | 1 | 2 | 3 | 4 | 5 |
2. How long did it take for our department to respond to your requests, questions, and/or concerns?

| | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Same day | <input type="checkbox"/> 2-3 days | <input type="checkbox"/> 4-6 days | <input type="checkbox"/> 1 week | <input type="checkbox"/> 2 weeks |
|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
3. How often does our department arrive prepared and on time?

| | | | | |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
|---------------------------------|----------------------------------|------------------------------------|---------------------------------|--------------------------------|
4. How likely is your department to willingly partner with our department again?

| | | | | |
|---|--------------------------------------|---------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Very likely | <input type="checkbox"/> Likely | <input type="checkbox"/> Not very likely | <input type="checkbox"/> Unlikely |
|---|--------------------------------------|---------------------------------|--|-----------------------------------|
5. How often does _____ provide training to your department?

| | | |
|---|---|--|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 2 months | <input type="checkbox"/> 3 to 5 months |
| <input type="checkbox"/> 6 to 12 months | <input type="checkbox"/> Yearly | |
6. How long have you had a partnership with our department?

| | | |
|---|--|---|
| <input type="checkbox"/> Less than 3 months | <input type="checkbox"/> 3 to 6 months | <input type="checkbox"/> 6 to 12 months |
| <input type="checkbox"/> 1 to 5 years | <input type="checkbox"/> More than 5 years | |
7. How often does our department staff collaborate with your program?

| | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Once or twice a week | <input type="checkbox"/> Once or twice a month | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Every year | <input type="checkbox"/> Never | |

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8. Please list any barriers, concerns, challenges and/or suggestions for improvements. _____

 9. Additional Comments: _____

Please indicate your Organization or Department name: _____