Date (required):

WARREN COUNTY HEALTH DEPARTMENT

544 W. Ridgeway Street Warrenton, North Carolina 27589 (252) 257-1185 (252) 257-2897 FAX



Warren County Community Opinion Survey

The purpose of this short survey is to get your opinion about our services. Your comments will help us meet the needs of the community.

cet the needs of the community.
1. Are you aware of the services that the Health Department Provides? Yes No Neutral
2. How do you know about Warren County Health Department services?
□ Newspaper □ Radio □ Community presentations □ Health Department Website □ Social Media (i.e. Facebook) □ Other:
a. Adult Health Clinic □ b. BCCCP (Breast and Cervical Cancer Control Program) □ c. Child Health Clinic □ d. Communicable Disease □ e. Emergency Preparedness □ f. Environmental Health □ g. Exerstyle/Exerstyle Plus program (exercise programs) □ h. Family Planning □ i. Health Education □ j. Home Health □ k. STD/HIV testing □ l. Lab services □ m. Immunizations □ n. Maternal Health Clinic □ o. WIC Program (Women, Infant, and Children) □ p. None □
 4. Are you aware of Warren County Health Department's hours of operation? ☐ Yes ☐ No ☐ Neutral
5 Do you feel that the hours of operation meet your needs?
☐ Yes ☐ No ☐ Neutral
6. Would you recommend Warren County Health Department to family/friends? ☐ Yes

Date (required):	
□ No □ Neutral	
7. What health services do you think War in Question 3?	ren County Health Department should provide that is not listed

THANK YOU!

Mail or email form to:

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Warrenton, N. C. 27589
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