



CUSTOMER SATISFACTION SURVEY FORM 3.0
(Resource Person Evaluation Form)

In pursuit of service excellence, we are conducting a survey to make our services better by understanding our clients' experience. In line with this, we would like to take a few minutes of your time by answering this survey. There are no right or wrong answers, and all information will be treated with utmost confidentiality.

Direction: Please print legibly and in BLOCK letters, tick the appropriate boxes ☐, and encircle the number that best describes your answer in the questions below. *For section B, if the statement is not applicable please encircle the number beside the statement.*

Name: _____ Survey Accomplishment Date
First Last (mm/dd/yyyy): ____/____/____

DOH Employee?: Yes ☐ No ☐ Sex: Male ☐ Female ☐

Name of Resource Person: _____

A. How would you rate your overall expectation of the Resource Person?

Poor Excellent
1 2 3 4 5 6 7

B. Please show the extent to which you think the Resource Person possess the features described by each statement below:

Statement	Strongly Disagree	Strongly Agree
1. The presentation was clear and on point.	1 2 3 4 5 6 7	
2. I gained new insight/s relevant to the objectives of the activity.	1 2 3 4 5 6 7	
3. The resource person is well-versed on the subject matter.	1 2 3 4 5 6 7	
4. The resource person is well prepared.	1 2 3 4 5 6 7	
5. The resource person is accommodating to questions and discussions.	1 2 3 4 5 6 7	
6. The resource person is polite.	1 2 3 4 5 6 7	
7. The presentation was delivered professionally and with confidence.	1 2 3 4 5 6 7	
8. The resource person is sensitive to the participants' needs.	1 2 3 4 5 6 7	
9. The resource person is well dressed and appears neat.	1 2 3 4 5 6 7	

C. Overall, how would you rate the quality of service provided by the Resource Person?

Poor Fair Good Excellent
1 2 3 4

D. For comments, recommendations, concerns, or aspects of our service(s) that needs improvement, please put it down below. If you wish for us to respond to your feedback, please include your contact details.

Thank you for your participation!

(To be filled-out by service provider)

Name of Activity: _____

Duration: (Start date - mm/dd/yyyy) ____/____/____ (End date - mm/dd/yyyy) ____/____/____

Continuation and code guide at the back



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