

Quarterly Satisfaction Survey Outside Professionals

Name _____ Date of interview ____/____/____

Agency, title _____

- This is _____ from the AGENCY program [or the AGENCY Emergency Shelter program].
 - I'd like to ask you some questions for a satisfaction survey. This will take about 5 minutes. Is now a good time?
 - We conduct satisfaction surveys on a regular basis, to see how we are doing as a program and whether people are satisfied with the services we provide.
 - I'm going to read some statements. Please tell me whether you agree with each one. You can answer on a scale from 1 to 5. 1 is "Agree completely," 2 is "Agree," 3 is "Agree slightly," 4 is "Disagree," and 5 is "Completely Disagree." So 1 is best and 5 is worst.
 - If you want to, you can make comments or explain why you answered a certain way.
1. I can contact the AGENCY PROGRAM [Emergency Shelter] staff whenever I need to.
1 2 3 4 5
 2. The AGENCY PROGRAM [Emergency Shelter] staff responds to my requests quickly.
1 2 3 4 5
 3. I am satisfied with the communication I have with the AGENCY PROGRAM [Emergency Shelter] staff. 1 2 3 4 5
 4. I can question decisions and requirements from the AGENCY PROGRAM [Emergency Shelter] staff. 1 2 3 4 5
 5. The information I provide is used constructively. 1 2 3 4 5
 6. I receive cooperation and support from the AGENCY PROGRAM [Emergency Shelter] staff.
1 2 3 4 5
 7. AGENCY PROGRAM Treatment Foster Care services [Emergency Shelter services] are appropriate and effective. 1 2 3 4 5
 8. I am satisfied overall with AGENCY PROGRAM Treatment Foster Care Services [Emergency Shelter Services]. 1 2 3 4 5
 9. Do you have any opinions you'd like to share about how we could better help you or the kids we serve? Do you have any general comments about the staff or the program?