



Michigan's Campaign to End
HOMELESSNESS

Continuous Quality Improvement Tool Kit

Sample Satisfaction Surveys

Emergency Services Satisfaction Survey

[Organization] strives to treat all clients with dignity, respect and fairness. We also strive to provide valuable and quality services to all members of our community. You can help us by letting us know how well we are doing to achieve these goals. If possible, please take a few moments to complete the survey questions below. Your responses will remain completely anonymous. **Tell us what we need to work on—your responses will be used to improve the quality of our services.** Please answer as honestly as possible. Client satisfaction is very important to us and we greatly appreciate your feedback in this area.

1. What location did you visit today? [Location A] [Location B]
2. What service(s) did you come in for today? Clothing Food Housing Assistance
 Other (please specify): _____

For questions 3 - 9, please use the following scale and mark the appropriate box with your chosen rating.

	Excellent	Good	Fair	Poor	Comments?
3. Please rate the convenience of our hours of service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Please rate us on how clearly our services were explained during your visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Please rate the courtesy and friendliness of the staff member who greeted you <u>when you first came in today</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Please rate the helpfulness of the staff member who you worked the most with today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Please rate your opinion on the fairness of our staff (how you feel you were treated in comparison to others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Please rate the timeliness of services received today (for instance, waiting time and so forth).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Please rate the quality of the service you received (for instance, quality of food or clothing received, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Overall, how satisfied are you with your experience at [organization] today?	Very <input type="checkbox"/>	Mostly <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Not at all <input type="checkbox"/>	

Please use the space below to add **other comments** about the areas indicated above, or about any other matters you would like to give us feedback about. (Use the back of this form also if more space is needed):

Thank you again for your time and feedback!

Employee Satisfaction Survey

Thank you for giving consideration to and answering the following questions. Upon completion of the form, please place it in the sealed envelope provided. Completed forms will be delivered by a designated staff representative to a neutral individual, who will tabulate responses and provide only aggregate data to [organization] administration. You are welcome to take the Comments page with you and return it in a sealed envelope to the designated staff representative by noon tomorrow.

Thank you for your cooperation and honest responses.

Rating instructions: Please respond to each of the statements below by using the following 5-point scale:

5 - Strongly agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly disagree
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- _____ 1. The expectations of my job are clear to me.
- _____ 2. I have access to the tools and materials I need to do my job well.
- _____ 3. My job makes good use of my strengths, skills and abilities.
- _____ 4. I receive verbal recognition for my work on a regular basis.
- _____ 5. I feel that those with whom I work care about me as a person.
- _____ 6. I am encouraged by my supervisor/administration to continually further my professional development.
- _____ 7. I feel my thoughts and opinions are valued at work.
- _____ 8. I get a feeling of accomplishment, value and purpose from my job.
- _____ 9. I observe my co-workers consistently doing high quality work.
- _____ 10. I am provided regular opportunities to expand my skills and knowledge.
- _____ 11. I am satisfied with the amount of support I receive from supervisors/management.
- _____ 12. I believe my working conditions to be safe and healthy.
- _____ 13. At [organization] I get a feeling of belonging, that I'm part of a team.
- _____ 14. I feel that most of the time the stress level on my job is manageable.
- _____ 15. My work contributes to fulfilling the agency's mission.
- _____ 16. My present pay level is fair and adequate as compared to similar organizations.
- _____ 17. [Organization]'s current benefit package is fair and adequate as compared to similar organizations.
- _____ 18. [Organization]'s employment/personnel policies are fair and reasonable.
- _____ 19. [Organization]'s managers implement employment policies in a fair and consistent manner.
- _____ 20. I am proud to tell friends and acquaintances about where I work.

(Please provide additional comments on attached page)

Employee Satisfaction Survey – Comments Page

Please feel free to provide any additional comments regarding your responses to the staff satisfaction survey:

Please provide comments regarding the survey itself, i.e., clarity and phrasing of questions, additional questions that should be considered to be included, etc.:

Food Services Client Satisfaction Survey

[Organization] strives to treat all clients with dignity, respect and fairness. We also strive to provide valuable and quality services to all members of our community. You can help us by letting us know how well we are doing to achieve these goals. If possible, please take a few moments to complete the survey questions below. Your responses will remain completely anonymous. **Tell us what we need to work on—your responses will be used to improve the quality of our services.** Please answer as honestly as possible. Client satisfaction is very important to us and we greatly appreciate your feedback in this area.

1. How many days a week do you eat at the [location]? _____ (1-5)
2. Please indicate your age group: ___ 18-25 ___ 26-35 ___ 36-45 ___ 46-60 ___ 60 and over
3. Do have children that eat at the [location]? ___ yes ___ no
 if yes, what age group are they in? ___ 0-5 ___ 6-10 ___ 11-17

For questions 4 - 10, please use the following scale and mark the appropriate box with your chosen rating.

	Excellent	Good	Fair	Poor	Comments?
4. Please rate the convenience of our hours of service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Please rate the courtesy and friendliness of the manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Please rate the courtesy and friendliness of the volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Please rate the overall atmosphere and feel of the [location].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Please rate the quality of the food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Please rate the quantity of food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Please rate the variety of the food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Overall, how satisfied are you with your experience at [location] today?	Very <input type="checkbox"/>	Mostly <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Not at all <input type="checkbox"/>	

[Organization] is considering moving its Life Skills Program to the [location]. The Life Skills Program is a weekly educational class that focuses on topics such as budgeting, home ownership, and employment. Dinner and childcare would still be provided.

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. Would you be interested in attending some of these classes? | Very | Mostly | Somewhat | Not at all |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If so, on which evenings could you attend? _____
 What topics would you like to see covered? _____

Please use the space below to add **other comments** about the areas indicated above, or about any other matters you would like to give us feedback about. Please indicate other services or information you would like to see available at [location]. (Use back side also if more space is needed):

Thank you again for your time and feedback!

CLIENT SATISFACTION SURVEY

As part of our continuing effort to improve services we would like to get your thoughts about our facilities and programs. Your comments are completely anonymous and will be used to inform ongoing improvements.

General Information

Today's date: _____ Program currently enrolled/attending: _____

Please mark only one answer per statement.

1. The building is clean and comfortable.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

2. I feel safe in the location (inside and outside the building) where I receive services.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

3. My appointments or programs begin at the scheduled time.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

4. The staff was helpful in providing assistance.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

5. I am treated with respect and dignity by all staff.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

6. Services were available at times that were good for me.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

7. I feel comfortable asking about my treatment and medications.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

8. I feel I can access and understand the services and treatment plans here.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

9. I am satisfied with the services I am receiving here.

ALWAYS MOST OF THE TIME RARELY NEVER NO OPINION

10. How could we do better?

Please use the space on the back for other comments. Thank you!

STAFF SATISFACTION SURVEY

The results of this survey are confidential and do not require your name. The suggestions will be compiled and distributed to the appropriate Director/Manager. Your complete honesty and constructive input are needed in order for changes in the facility to come about. Thank you for your cooperation.

<i>Please rate each statement only once.</i>	<i>Strongly disagree</i>					<i>Strongly agree</i>				
	1	2	3	4	5	1	2	3	4	5
1. I feel that I understand the responsibilities of my job.										
2. I believe I have been properly and adequately oriented to my job for maximum success.										
3. My supervisor is available when I need assistance.										
4. There are things I would like to change about this Agency.										
5. There is adequate communication among staff.										
6. I think that my ideas are heard.										
7. I feel safe on my job.										
8. I enjoy my job.										

9. What are your suggestions on how to improve your job? The company? Our services?

10. Why are you working here?

11. How can we improve communication?

12. Identify any problem areas that you see and offer solutions to these problems. Please specify whether these are in your department or the company as a whole.

13. How can we improve accessibility for our consumers?

14. What other comments, questions, or suggestions do you have?

Thank you for your input!

SAMPLE

Stakeholder Satisfaction Survey

As part of a continuing effort to improve services, this anonymous survey is being sent to you as a stakeholder or funder of [organization]. We are eager to understand how you assess our organization so that we may consider your comments in our program planning and performance improvement.

Please take a few moments to complete the survey questions below and mail your responses back in the self-addressed stamped envelope provided. Thank you!

1. How satisfied are you with the services provided by [organization]?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not at all satisfied
- Don't know

2. These are things that I think [organization] does well:

3. These are areas I think [organization] could improve upon:

4. How often do you visit [organization]'s Web site?

- Daily
- Weekly
- Every few weeks
- Monthly
- Every few months
- Yearly
- I have never visited the Web site.

5. I have worked with [organization] in the following capacity:

- Funder Board Programming Other (specify): _____

6. Please provide any other comments to assist management in making improvements here:
