

INFORMATION AND ASSISTANCE SATISFACTION SURVEY

Version: July 10, 2000

Hello [CLIENT'S NAME]. My name is [INTERVIEWER'S NAME] of the [AGENCY'S NAME]. We are conducting a survey with people like you to find out how we can better meet the needs of seniors being served by [AGENCY'S NAME]. Therefore, we are interested in your experiences when you contacted the Information and Assistance Services of [AGENCY'S NAME].

This is a short interview. Your answers will be strictly confidential and will not affect the services that you are receiving in any way. So, let's talk about your call last week to the Information and Assistance Services of [AGENCY'S NAME].

Please answer each question by checking the appropriate response or filling in the blank:

1. First, did you call [NAME OF I & A SERVICE] to obtain help or services for yourself, to get help for a relative or someone you know, or were you calling from an agency for a client?

- For self (Service recipient)
- For relative/friend (Caregiver)
- For client (Formal provider)
- Other(describe): _____

2. Please tell me the reason why you called. **(DO NOT READ LIST. Check all that apply)**

- To get information
- To obtain services (transportation, housing, health care, meals, etc.)
- To refer a client for services
- To follow up on a prior call
- Other (describe): _____

3. Had you ever used this service before last week?

- Yes
- No (**Skip to 4**)

3.2a. How many times have you used it in the past year? _____

4. When you called the [NAME OF I & A SERVICE], did you get a busy signal?

- Yes
- No (**Skip to 5**)

4.2a. How many times did you call before getting through? _____

Office Use Only:

Client ID: _____ Survey Date: _____
Date of Original I&A Call: _____ I&A Operator ID: _____

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5. How quickly was your call answered?

- Immediately (after 1 ring or two rings)
- Quickly (less than 5 rings)
- After a little while (5-15 rings), or
- Had to wait a long time (more than 15 rings)

6. Was the phone answered by voice mail or by a person?

- Person (*Skip to 7*)
- Voice mail

6.2a. How well did you understand the voice mail instructions?

- Very well
- Somewhat well
- Only a little
- Not at all

7. Did you have to leave a message?

- Yes
- No (*Skip to 8*)

7.2a. Did someone call you back?

- Yes
- No (*Skip to 7.2c*)

7.2b. When did they call you back?

- Within the hour
- In the same day
- In the same week
- More than a week

(*Skip to 8*)

7.2c. Did you call them back?

- Yes
- No (*Skip to 14*)

7.2d. Did you speak with a person when you called them back?

- Yes
- No (*Skip to 14*)

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Now I have a few questions about the person you spoke to at the [NAME OF I & A SERVICE].

8. Did she/he explain things to you in a way that you could understand?

- Yes, definitely
- Yes, I think so
- No, I don't think so
- No, definitely not

9. Did you feel comfortable with the person you spoke to?

- Yes, definitely
- Yes, I think so
- No, I don't think so
- No, definitely not

10. Were you given names of any other places to call?

- Yes
- No (*Skip to 11*)

10a. Did you contact them?

- Yes (*Skip to 10b*)
- No

10a.1. Why not?

- Haven't had a chance to yet
- I tried to, but haven't heard from them yet
- They called and left message, but I haven't called them back.
- I got help from somewhere else
- Other (describe): _____

(Skip to 11)

10b. Have you begun receiving services from any of the places you were referred to?

- Yes
- No (*Skip to 10c*)

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10b.1. Overall, how would you evaluate the help you received so far from the places you were referred to?

- Excellent
- Very good
- Good
- Fair
- Poor

(Skip to 11)

10c. Do you think you will be able to get the information or help you need from the places they suggested you could call?

- Yes
- No
- Don't know

11. Have you made any other calls on your own to get the information or help you needed?

- Yes
- No *(Skip to 12)*

11a. Did you get the information or help you needed?

- Yes
- No *(Skip to 12)*

11b. How many calls did you have to make before you got the information or help you needed? _____

Finally, I have a few questions about your overall experience with the [NAME OF I & A SERVICE].

12. Overall, did you receive the information from [NAME OF I & A SERVICE] that you were looking for?

- Yes, definitely
- Yes, I think so
- No, I don't think so
- No, definitely not

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13. Do you expect that the information you received from [NAME OF I & A SERVICE] will be helpful in resolving the issue you called about?
- Yes, definitely
 - Yes, I think so
 - No, I don't think so
 - No, definitely not
14. Would you recommend this service to a friend who needed the kind of help you did?
- Yes, definitely
 - Yes, I think so
 - No, I don't think so
 - No, definitely not
15. Do you have any recommendations on how to make the [NAME OF I & A SERVICE] better?
(DO NOT READ LIST. Check all that apply)
- None
 - Increase the hours the service is available
 - Reduce the waiting time to speak to someone
 - Eliminate voice mail system/have persons answer the phone
 - The persons who answer the phone should be more knowledgeable
 - Try to answer all questions on the first call
 - Be more timely in returning phone calls
 - Other (describe): _____

That is all the questions I have. Do you have any other comments? Thank you very much.