

Job no: Area.....



**2015/16 Telephone Customer Satisfaction Questionnaire
For Non Priority Work**

Month..... Person(s) undertaking the work.....

Job Undertaken.....

When you first contacted Helping Hands

	Yes	No
Were the telephone staff helpful and polite and were you given enough information / were you given all of the answers you needed?		

If you answered 'No' to any of the above, please provide us with more information so that we can improve our service

How soon after you contacted Helping Hands did the work get done?

One week	Two Weeks	Three Weeks	Four weeks	Over 4 Weeks

When the Handyperson came to your home, on a scale of 1 (highest) to 5 (lowest) how satisfied / dissatisfied were you with their work?

	1 Very Satisfied	2 Satisfied	3 Dissatisfied	4 Very Dissatisfied	5 No opinion
Politeness					
Helpfulness					
Tidiness					
Quality of work					
Punctuality					

Is there anything else you would like to say/comment on?

Please show the result of using our services to you personally (if any), by placing a tick in the relevant box.

	Better	Worse	Remained the same
Feeling of security/Peace of mind			
Independence			
Overall quality of life			
Improved Day-to-day living			

Overall, on a scale of 1 (highest) to 5 (lowest) how satisfied / dissatisfied are you with the service(s) provided by Helping Hands? (Please tick one box)

1 Very Satisfied	2 Satisfied	3 Dissatisfied	4 Very Dissatisfied	5 No opinion

	Yes	No	Maybe
Would you use the Service again?			
Would you recommend us to others?			

Are there any improvements you would suggest could be made to the service? Is there anything we could have done better? Are there other ways in which we could help you?

If you are not satisfied with the work carried for any reason, and you would like our Quality Manager to visit you to inspect the work? **YES NO**

Name: Telephone.....

Do you live alone? **YES NO**

Do you receive any Benefits? **YES NO**

If yes could you please tell us what they are:

Do you have any Long Term Conditions or Disability? **YES NO**

If yes could you please tell us what they are:

Do you have an annual flu jab?
If not is there any reason why not:

YES NO

Equality Monitoring

Gender

Age Band

Ethnic group: White: mixed ethnic: Asian/British Asian: Black /Black British: Chinese;
other ethnic group