

COMMUNITY FEEDBACK QUESTIONNAIRE

Introduction

Thank you for taking the time to answer these questions. They are intended to better understand the levels of satisfaction of the way we offer our assistance. With your help in providing honest answers to this questionnaire, we can identify areas where our services are not meeting your expectations and need to improve. Your answers will be used strictly for the purpose of service improvement and will be kept confidential.

This questionnaire can be used for an individual interview or in a group assessment. For the group, mark with the number of people who have the same answer in front of the written answer.

Questions

1. Identification

District: Sector: Village:

2. What is your relationship with our organization (please select all that apply):

- Current direct beneficiary
- Former direct beneficiary
- Staff
- Volunteer
- Other (Please, specify:).

3. In what year did you first meet (name of the organization) or engaged or enrolled for its project?

.....

4. How did you learn about (name of the organization)?

- Direct contact from a staff member
- Referral from another organization



- Referral from a friend or family member
 - Search via Internet
 - Other (please specify):
-

5. Overall, how satisfied are you with the quality of assistance you received (or are now receiving)?

- Extremely Dissatisfied Dissatisfied Neutral Satisfied Extremely Satisfied

What assistance did you receive from our organization? (Check all that apply.)

List of current services provided

- a.....
- b.....
- c.....
- d.....

Other (please specify): Other (please specify):

6. How important to you are the service(s) we provide?

Service	Inappropriate	Not important	Somewhat important	Very important	Critical
.....					
.....					
.....					
.....					
.....					
.....					

7. To what extent did the service(s) you received from (name of the organization) meet your expectations?



Name of service / Program or Project	Much Worse Than Expected	Below Expectations	Met My Expectations	Better Than expected	Far Exceeded Expectations
.....					
.....					
.....					
.....					
.....					
.....					

If you marked “Much Worse” or “Below Expectations” for any of the above, can you tell us how we could have improved the service(s) provided to you? (Feel free to write on the back of this survey.)

.....

8. Did you have to make any payments to receive services? Yes No

9. How would you rate our staff with regards to the following:

Staff attitude	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	NA
Staff was courteous and attentive to my needs						
Staff was able to understand my needs						
Staff provided services that met my needs						



Staff sought my opinions and feedback on the services provided						
Staff answered all my questions/concerns						
Staff were quick to respond to my needs						
Staff are good at what they do						

If you marked “Extremely Dissatisfied”, “Dissatisfied” or “Neutral” for any of the above, can you explain your how our staff could have provided a better service experience for you? (Feel free to write on the back of this survey.)

.....

.....

.....

10. Did our staff seek your opinion and/or feedback while you were a beneficiary?

Staff attitude	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Staff regularly asks for my opinion about new programs or changes to programs					
Staff regularly asks for my feedback on services received					

11. How has the (name of the organization)’s staff sought to obtain feedback or information from you, for example, about your needs, your satisfaction with services, your recommendations for improvement? (Please check all that apply.)

- Surveys by a Caritas staff member
- Surveys by a third party



-
- Focus group discussion with other beneficiaries
 - Face-to-face interviews Anonymous comment/complaint box or mechanism
 - Other (please specify):

12. Did you experience any problem(s) with the service provided and/or the way the service was provided?

- Yes No

13. What suggestions do you have that could help us to provide better services to you and other beneficiaries like you?

.....

.....

.....

14. OPTIONAL: Would you be willing to provide additional feedback by way of a face-to-face interview or phone conversation? If so, please provide your name and contact details below:

NAME:

SEX: F M

AGE:.....

TELEPHONE:

EMAIL ADDRESS:

PREFERENCE: Phone Call Face-to-face conversation