Client Satisfaction Surveys

# Background

Client satisfaction surveys work well to collect a client’s:

* level of satisfaction with support programs or services
* sense of how well programs or services are reaching their intended outcomes
* quick ideas about how programs could be improved
* suggestions for new services.

Client satisfaction surveys offer the following **benefits**:

* They are quick and inexpensive to implement.
* You can survey a large number of clients at the same time
* They provide useful data in a form that requires minimal analysis (e.g., 85% of clients agree that clinic hours should be extended).

However, the usefulness of a client satisfaction survey can be **limited** by:

* language barriers
* literacy levels
* the inability to ask for clarification.

You need to decide if a survey is right for your client group. If not, there are other options.

## Paper or online survey?

Before you implement a survey, you have to decide whether it should be distributed as a hardcopy or as an online tool. Consider these questions:

* Do your clients have access to computers?
* Do you regularly communicate with clients via email?
* Are your clients comfortable with online surveys?

If the answer to any of the above is “No,” then go with a paper survey.

Sample Client Satisfaction Survey

# Instructions - Before You Begin

* If you need technical support in using online surveys, including advice on how to incorporate a prize ballot, please fill out an evaluation request form on the OHTN’s EBPU page: <http://www.ohtn.on.ca/evidence-based-practice-unit/>
* If the survey is being used to assess a specific program (e.g., support), the contact person for the survey should not be the person running that program. Instead, use the Executive Director as the contact.
* We’ve provided a few ideas about how to share survey findings. Do what works best for your agency – the main idea is to let participants know that findings will be shared at a future date.
* This survey contains examples of support services or activities that different agencies might offer. Please adjust the survey to reflect your agency’s programs.
* If you do not have pre-set choices for a question (e.g. “Pick one of the following five ways that we can improve services”), then make the question open-ended (e.g. “How can we improve services?”).
* The survey contains examples of a full range of questions that you could ask about support services. You do not need to use all of these questions. Choose the questions that work best for your program and that fit with the purpose of your evaluation.

SHAMROCK HEALTH SERVICES -- CLIENT SATISFACTION SURVEY

Hello!

You are receiving this survey because you have accessed Shamrock Health Services in the past 12 months. We are using this survey to gain feedback about our programs and services, and to make sure that we are meeting our clients’ needs in a meaningful way.

Please note that:

1. Your participation is voluntary. **You do not have to participate in this survey if you don’t want to.**
2. Your responses are anonymous and confidential. Your name is not attached to your comments.
3. Your answers will not affect your ability to access services at Shamrock.

We will summarize the completed surveys and share the summary at our next Annual General Meeting and in our next newsletter.

If you have any questions about this survey, please contact: This Person at xxx.xxx.xxxx or This.Person @earthling.com.

|  |
| --- |
| **Please place the completed survey in the drop box outside the office door by Y Date.**  **Or mail it back to us in the self-addressed stamped envelope that we have provided. Please mail it before Y Date.**  **Please tear off your half of the ticket stub and keep it with you. Leave the other portion attached to the hardcopy survey. The winning number will be posted at the office and printed in the newsletter.** |

**PART A: EXPERIENCE WITH SHAMROCK HEALTH SERVICES**

1. **How long have you been a client with Shamrock?**

* Less than one year
* 1-2 years
* 2-5 years
* 5-10 years
* Over 10 years

1. **How did you first hear about Shamrock?**

* Testing clinic
* Doctor (family or HIV specialist)
* Other health care professional (counsellor, nurse, therapist)
* AIDS service organization (ASO)
* Referred by friend
* Shamrock website
* Shamrock pamphlet
* Internet, please indicate which site if possible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, please specify if possible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please indicate how much you agree with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **N/A (not applicable)** |
| I feel welcome at Shamrock |  |  |  |  |  |
| I feel comfortable asking questions about Shamrock’s services |  |  |  |  |  |
| I feel included at Shamrock events |  |  |  |  |  |
| I feel my feedback about services is valued |  |  |  |  |  |
| I feel respected at Shamrock |  |  |  |  |  |
| I worry that people will see me accessing services at Shamrock |  |  |  |  |  |
| I worry about who I will see at Shamrock |  |  |  |  |  |
| The hours that Shamrock offers services (when the office is open) work for me |  |  |  |  |  |
| The mix of services that Shamrock offers meets my needs |  |  |  |  |  |
| The referrals that Shamrock provides meet my needs |  |  |  |  |  |
| I need the services that Shamrock offers |  |  |  |  |  |

**PART B: SUPPORT SERVICES**

1. **Please rate your level of satisfaction with the service(s) you have accessed in the last 12 months.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very**  **Satisfied** | **Satisfied** | **Dissatisfied** | **Extremely Dissatisfied** | **Did not use this service** | **Did not know about this service** |
| Intake process |  |  |  |  |  |  |
| Practical assistance (bus tickets, help getting to appointments, etc.) |  |  |  |  |  |  |
| Complementary therapies (massage, acupuncture, etc.) |  |  |  |  |  |  |
| Food programs (grocery gift cards, food bank, supplements, etc.) |  |  |  |  |  |  |
| Bereavement services |  |  |  |  |  |  |
| Clinical counselling |  |  |  |  |  |  |
| General counselling |  |  |  |  |  |  |
| HIV pre- and post-test counselling |  |  |  |  |  |  |
| Interpretation or translation services |  |  |  |  |  |  |
| Help with settlement services for newcomers |  |  |  |  |  |  |
| Help with treatment / medication adherence |  |  |  |  |  |  |
| Wellness checks (over the phone or in-person visits) |  |  |  |  |  |  |
| Support groups |  |  |  |  |  |  |
| Social activities or events |  |  |  |  |  |  |
| Drop-in programs |  |  |  |  |  |  |
| Referrals |  |  |  |  |  |  |
| Individual advocacy (e.g., help with forms to access other programs) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please tell us about your experience using these services**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Shamrock is looking at different options for possible new services. We would like your feedback on these ideas. Please rank the program ideas as either very important, important or not important to you.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very important** | **Important** | **Not important** |
| Increased programming for social  interaction (events, meet-ups) |  |  |  |
| Buddy program (chance to  mentor new clients) |  |  |  |
| … |  |  |  |

1. **What other services would you like to see at Shamrock Health Services?**

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1. **How can we improve the services that Shamrock offers? (You can check more than one box!)**

* Offer more services in the evening
* Offer services on the weekend (e.g., Saturday afternoons)
* Offer services in different regions
  + X Region
  + Y Town
* Offer services in buildings that offer programs that are not HIV specific
* Offer services at the local HIV clinic / HIV doctor’s office
* Offer counselling appointments by phone
* Offer counselling appointments over Skype
* Offer counselling appointments in public locations that offer some privacy (e.g., coffee shops, public library, etc.)
* Provide more referrals to other community services
* Provide more referrals to other health professionals
* Provide more support (reminders, transportation, etc.) to help attend medical appointments
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **We’re curious about reasons you might have for not using services at Shamrock. Please tell us if any of the following statements are true for you.**

* The services aren’t offered in a convenient location
* I don’t want to come to the Shamrock office because people might see me
* The hours of operation don’t meet my schedule
* The services offered don’t meet my needs
* I want to have counselling by phone but it is not offered
* I have difficulty getting to the Shamrock office
* I no longer need any of the services offered by Shamrock

1. **How can Shamrock make it easier for you to access our services?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How can Shamrock better meet your needs? (You can check more than one box!)**

* Provide a monthly check-in telephone appointment
* Provide a monthly check-in via email
* Create a ‘members-only’ space for clients on the Shamrock website
* Offer social activities in the community to meet other clients
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If this applies to you, please tell us a bit about your experience with Shamrock’s Support Program.**

**How has it affected your life? (Note: These can be positive or negative answers.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Please rate your level of agreement with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **N/A (not applicable)** |
| The Support Program helps me feel less alone |  |  |  |  |  |
| I have made friends through the Support Program |  |  |  |  |  |
| Shamrock helps me get to my doctor’s appointments |  |  |  |  |  |
| Shamrock helps me remember to go to my doctor’s appointments |  |  |  |  |  |
| Shamrock helps me access other health services I need in the community |  |  |  |  |  |
| Shamrock helps me manage my medications |  |  |  |  |  |
| Shamrock helps me access other social services I need in the community |  |  |  |  |  |
| Shamrock… (insert additional expected outcomes for your support program) |  |  |  |  |  |

**PART C: COMMUNICATION WITH SHAMROCK**

1. **How do you want to be contacted by people at Shamrock? (You can choose more than one!)**

* By phone
* By mail
* By email
* By text
* I don’t want anyone to contact me

1. **When you contact Shamrock, do you get an answer within a satisfactory amount of time?**

* Yes, all of the time
* Most of the time
* Some of the time
* Rarely
* Not applicable, I don’t contact anyone

1. **Do you receive Shamrock’s monthly agency newsletter ?**

* Yes, every month
* No, but I would like to get it
* No, I don’t want it

1. **Please indicate how much you agree with the following statements about Shamrock’s newsletter:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| I find the newsletter informative |  |  |  |  |
| I like the look of the newsletter |  |  |  |  |
| I use the newsletter to find out what’s new at the agency |  |  |  |  |
| I use the newsletter to find out about new services |  |  |  |  |
| I use the newsletter to find out about community events to attend |  |  |  |  |
| I use the newsletter to find out about other services in the community I can use |  |  |  |  |
| I would like more general health information in the newsletter |  |  |  |  |

1. **How can we improve communications with our clients?**

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**PART D: ABOUT SHAMROCK**

1. **Based on your experience, what is working well at Shamrock for our clients?**

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1. **Based on your experience, how can we improve the support provided by Shamrock?**

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1. **What are the best times for you to participate in programs at Shamrock?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Morning (9:30-12)** | **Afternoon (1-4)** | **Early Evening (5-8)** | **Evening (7-9)** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

1. **Based on your experience, what services are missing at Shamrock? What additional services would you like to see offered?**

***(Note: This doesn’t mean we will be able to offer these services, but we want to hear your ideas!)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Please share any additional comments you have about our support services.**

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Thank you for your time and input.***

***Your feedback will help us with our programs and our growth!***