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—you 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.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Comments</th>
</tr>
</thead>
</table>

3. Please rate the **convenience** of our hours of service. □ □ □ □ ____________

4. Please rate us on how **clearly** our services were **explained** during your visit. □ □ □ □ ____________

5. Please rate the **courtesy and friendliness** of the staff member who greeted you when you first came in today. □ □ □ □ ____________

6. Please rate the **helpfulness** of the staff member who you worked the most with today. □ □ □ □ ____________

7. Please rate your opinion on the **fairness** of our staff (how you feel you were treated in comparison to others). □ □ □ □ ____________

8. Please rate the **timeliness** of services received today (for instance, waiting time and so forth). □ □ □ □ ____________

9. Please rate the **quality** of the service you received (for instance, quality of food or clothing received, etc.). □ □ □ □ ____________

10. Overall, how **satisfied** are you with your experience at [organization] today? □ Very □ Mostly □ Somewhat □ Not at all

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:

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

(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 Pantry Client Satisfaction Survey

The purpose of this survey is to get a better understanding of how our clients feel about the [organization] food pantry services. It is our goal to use the results of the survey to better serve our clients. The survey is confidential. Your answers are purely for the purpose of improving our services.

Please rate the following questions (1 being the lowest and 5 being the highest).

1. Do you feel that the food pantry meets all your food needs?
   1  2  3  4  5
   Lowest Highest

2. How would you rate the nutritional value of the food items?
   1  2  3  4  5
   Lowest Highest

3. Is the amount of food enough for feeding a family for 4 days?
   1  2  3  4  5
   Lowest Highest

4. How satisfied are you with the overall food pantry services you received?
   1  2  3  4  5
   Lowest Highest

5. How satisfied are you with the food pantry hours of operation?
   1  2  3  4  5
   Lowest Highest

6. How would you rate the helpfulness of our staff in the food pantry?
   a. Does the staff give helpful suggestions when guiding you through the pantry?
      1  2  3  4  5
      Lowest Highest
   
b. Does the staff help you feel comfortable as you go through the pantry?
      1  2  3  4  5
      Lowest Highest

7. Do you have any suggestions to help us make the food pantry services more helpful?
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—you 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.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Comments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Convenience of our hours of service.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. Courtesy and friendliness of the manager.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>6. Courtesy and friendliness of the volunteers.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>7. Overall atmosphere and feel of the [location].</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>8. Quality of the food.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>9. Quantity of food.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>10. Variety of the food.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

11. Overall, how satisfied are you with your experience at [location] today? Very | Mostly | Somewhat | Not at all

[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

   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!

Consumer Satisfaction Survey  Rev. 5-10-10
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.

Please rate each statement only once.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. What are your suggestions on how to improve your job? The company? Our services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
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</tbody>
</table>

Revision 2. 5-10-10
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!
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:

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________