

INFORMATION AND ASSISTANCE SATISFACTION SURVEY

POMP 4 - Version: March 13, 2003

Hello [CLIENT'S NAME]. My name is [INTERVIEWER'S NAME] of the [AGENCY'S NAME]. I am following up with people who have called [AGENCY'S NAME] in the past few weeks, to ask for their feedback about the Information and Assistance Services. This will just take a few minutes, and will help improve our service to callers. Your responses are completely confidential and will not affect the services that you are receiving in any way.

So, let's talk about your call last week [DATE] _____ to the Information and Assistance Services of [AGENCY'S NAME] about _____ [TOPIC OF CALL].

PLEASE READ ALL CHOICES UNLESS DIRECTED OTHERWISE. CHECK THE LOGBOOK to see if the phone number of the respondent came from your voice mail system and then answer question #6.

1. First, did you call [NAME OF I & A SERVICE] to obtain help or services for yourself, for a relative or someone you know, or were you calling from an agency for a client or a patient? *(Check all that apply.)*

- A. For yourself ☐ 1
B. For a relative or friend ☐ 1
C. For a client or patient ☐ 1
D. Other (describe): _____ ☐ 1

2. Please tell me the reason why you called. *(Check all that apply.)*

- A. To get information ☐ 1
B. To obtain services (transportation, housing, health care, meals, etc.) ☐ 1
C. To refer a client for services ☐ 1
D. To follow up on a prior call ☐ 1
E. To express health insurance concerns ☐ 1
F. To file a complaint (describe): _____ ☐ 1
G. To express financial concerns ☐ 1
H. Family caregiver program ☐ 1
I. Other (describe): _____ ☐ 1

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

- Yes ☐ 1
No (*Skip to 4.*) ☐ 2

3a. About how many times have you used it in the past year? |__|__|__|

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

- Yes ☐ 1
No (*Skip to 5.*) ☐ 2

4a. How many times did you call before getting through? |__|__|

Office Use Only:

Client ID: _____

Survey Date: _____

1 of 8

Interview was: ☐ Phone ☐ In Person ☐ Mail

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

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5. How quickly was your call answered?

- Immediately, such as after 1 ring or 2 rings ☐ 1
Quickly, less than 5 rings ☐ 2
After a little while, 5-15 rings or ☐ 3
Had to wait a long time, more than 15 rings ☐ 4

6. (*Don't ask, fill from Logbook*) Was the initial phone call answered by voice mail or by a person?

- Person (*Skip to 7.*) ☐ 1
Voice mail ☐ 2

6a. It was recorded that you left a voice mail message. How well did you understand the voice mail instructions?

- Very well ☐ 1
Somewhat well ☐ 2
Only a little ☐ 3
Not at all ☐ 4

6b. Did someone call you back?

- Yes ☐ 1
No (*Skip to 6d.*) ☐ 2

6c. When did they call you back?

- Within the hour ☐ 1
In the same day ☐ 2
In the same week ☐ 3
More than a week ☐ 4
(*Skip to 7.*)

6d. Did you call them back?

- Yes ☐ 1
No (*Skip to 13.*) ☐ 2

6e. Did you speak with a person when you called them back?

- Yes ☐ 1
No (*Skip to 13.*) ☐ 2

(Go to question 7 on the next page)

(Go to question 13 on page 4)

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

7. Overall, did the person(s) listen carefully to what you wanted?

Yes, definitely ☐ 1

Yes, I think so ☐ 2

No, I don't think so ☐ 3

No, definitely not ☐ 4

8. Overall, did the person(s) understand what you wanted?

Yes, definitely ☐ 1

Yes, I think so ☐ 2

No, I don't think so ☐ 3

No, definitely not ☐ 4

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

Yes, definitely ☐ 1

Yes, I think so ☐ 2

No, I don't think so ☐ 3

No, definitely not ☐ 4

10. Did you experience any of the following communication problems?

(Check all that apply.)

A. Language problem (e.g., did not speak Spanish) ☐ 1

B. Hearing problem ☐ 1

C. Operator needed to speak louder or more slowly ☐ 1

D. Operator needed to listen more ☐ 1

E. Other (specify): ☐ 1

F. None ☐ 1

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

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

Yes, definitely ☐ 1

Yes, I think so ☐ 2

No, I don't think so ☐ 3

No, definitely not ☐ 4

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12. Overall, how satisfied were you with the way your call was handled?

- Excellent ☐ 1
Very good ☐ 2
Good ☐ 3
Fair ☐ 4
Poor ☐ 5

13. Would you recommend this service to a friend or colleague who needs the kind of information and assistance you did?

- Yes, definitely ☐ 1
Yes, I think so ☐ 2
No, I don't think so ☐ 3
No, definitely not ☐ 4

14. 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 ☐ 1
Yes, I think so ☐ 2
No, I don't think so ☐ 3
No, definitely not ☐ 4

15. Were you referred to any other places to call for a service or more information?

- Yes I was referred to another agency ☐ 1
Yes I was referred to another office in this agency ☐ 2
No (*Skip to 16.*) ☐ 3
N/A (*Skip to 16.*) ☐ 4

15a. Did you contact any of them?

- Yes (*Skip to 15c.*) ☐ 1
No ☐ 2

(*Go to question 15c. on the next page*)

(*Go to question 16 on the next page*)

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15b. May I ask why you did not contact them? (**DO NOT READ LIST.**)

- Haven't had a chance to yet ☐ 1
I tried to, but haven't heard from them yet ☐ 2
They called and left message, but I haven't called them back. ☐ 3
I got help from somewhere else ☐ 4
Other (describe): ☐ 5

(Skip to 16.)

15c. Have you started receiving services from any of the places you were referred to?

- Yes ☐ 1
No..... ☐ 2

16. Have you made any other calls besides the referrals to get the information or help you needed?

- Yes ☐ 1
No (**Skip to 17.**) ☐ 2

16a. Did you get the information or help you needed?

- Yes ☐ 1
No (**Skip to 17.**) ☐ 2

16b. About how many calls did you have to make before you got the information or help you needed? |_|_|_|

17. Do you have any recommendations on how to make the [NAME OF I & A SERVICE] better? (**DO NOT READ LIST. Check all that apply.**)

- A. None ☐ 1
B. Increase the hours the service is available ☐ 1
C. Reduce the waiting time to speak to someone ☐ 1
D. Eliminate voice mail system/have persons answer the phone ☐ 1
E. Get more knowledgeable persons to answer the phone ☐ 1
F. Try to answer all questions on the first call ☐ 1
G. Be more timely in returning phone calls ☐ 1
H. Better advertising of services ☐ 1
I. Reduce the wait time on services ☐ 1
J. Other (describe): ☐ 1

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18. Would you say, you were calling [NAME OF I & A SERVICE] primarily...
(*Select only one.*)

For yourself (*Skip to demographics section.*) ☐ 1
For a relative or friend (*End Interview.*) ☐ 2
For a client (*Skip to #19, then End Interview.*) ☐ 3
Other (*Describe, then End Interview*): ☐ 4

19. What type of service provider are you?

Hospital ☐ 1
Long-term care ☐ 2
Social service agency ☐ 3
Other (*Describe*): ☐ 4

(END INTERVIEW)

DEMOGRAPHIC INFORMATION

Finally, could you please tell me a bit about yourself? Like all of your other answers, all of this information will be kept strictly confidential.

- D1. [RECORD SEX OF RESPONDENT. IF NOT OBVIOUS, ASK:] What is your gender?

Male ☐ 1
Female ☐ 2

- D2. What is your age? |__|__|__| (years)

- D3. What is your highest educational level?

Less than High School Diploma ☐ 1
High School Diploma ☐ 2
Some college, including Associate degree ☐ 3
Bachelor's Degree ☐ 4
Some post-graduate work or advanced degree ☐ 5

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D4. Are you Spanish, Hispanic, or Latino?

Yes ☐ 1
No ☐ 2

D5. What is your race? [CHECK ALL THAT APPLY.]

A. White or Caucasian ☐ 1
B. Black or African American ☐ 1
C. Asian ☐ 1
D. American Indian or Alaska Native ☐ 1
E. Native Hawaiian or Other Pacific Islander ☐ 1
F. Other (Specify: _____) ☐ 1

D6. Where is your home located?

In a City ☐ 1
In a Suburban Area ☐ 2
In a Rural Area. ☐ 3

D7. What is your home zip code? |_|_|_|_|_|

D8. We'd like to ask about the persons who live in this household. Does anyone else live with you in this household?

Yes ☐ 1
No [SKIP TO D11] ☐ 2

D9. Do you?

YES **NO**

A. Live with your spouse ☐ 1 ☐ 2
B. Live with your children ☐ 1 ☐ 2
C. Live with other relatives ☐ 1 ☐ 2
D. Live with non relatives ☐ 1 ☐ 2

D10. Including yourself, how many people live in your household? |_|_|

D11. What is your marital status?

Now married ☐ 1
Widowed ☐ 2
Divorced ☐ 3
Separated ☐ 4
Never married ☐ 5

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D12. Thinking about the total combined income from all sources for all persons in this household, was your total household annual income during the year 2002 above or below \$20,000?

- Below \$20,000 **[GO TO D13]** ☐ 1
Above \$20,000 **[SKIP TO D14]** ☐ 2

[IF NEEDED: including income from jobs, Social Security, retirement income, public assistance, and all other sources]

D13. Which category best describes your total household annual income during the year 2002?

- \$10,000 or less ☐ 1
\$10,001 to \$15,000 ☐ 2
\$15,001 to \$20,000 ☐ 3

[SKIP TO END]

D14. Which category best describes your total household annual income during the year 2002?

- \$20,001 to \$25,000 ☐ 1
\$25,001 to \$30,000 ☐ 2
\$30,001 to \$35,000 ☐ 3
\$35,001 to \$40,000 ☐ 4
Over \$40,000 ☐ 5

Thank you very much for your time and cooperation. Your answers are very important to us in improving Information and Assistance Services here.