

ATTACHMENT 3: BENEFICIARY SATISFACTION SURVEY SAMPLE

PLEASE NOTE: This template is not a "one-size-fits-all" example of a beneficiary satisfaction survey. Each NPO will have different types of beneficiaries and different types of services. This template is merely offered as an example, which would need to be customized according to the beneficiaries and services of each organization. Customization may take the form of a revision to the questions and/or to the research methodology. For example, if you are working with children under a certain age, it may be necessary to interview their caretakers and/or engage external evaluators to observe change in the quality of services.

Sample introduction for a written survey, to be completed anonymously:

Thank you for taking the time to complete this beneficiary satisfaction survey. [NAME OF NPO] is carrying out this survey to better understand the needs of our beneficiaries and the ability of our organization to address those needs through our programs and services. We are also looking for ways to improve our services to better address your needs. With your help in providing honest answers to the questions in this survey, 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.

The interview will take less than [10] minutes to complete. If you would like to skip one or more question, you may feel free to do so.

General Information:

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

- Current direct beneficiary
- Former direct beneficiary
- Member
- Staff
- Volunteer

2. In what year did you first come into direct contact with our NPO?

3. How did you learn about our program / services?

- Direct contact from a staff member
- Referral from another organization
- Referral from a friend or family member
- Search via Internet
- Other (please specify): _____

4. Overall, how satisfied are you with the quality of services/programs you received (or are now receiving)?

Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
_____	_____	_____	_____	_____

5. What service(s) did you receive from our organization? (Check all that apply.)

List of current services provided

[INSERT NAME OF SERVICE/PROGRAM #1]

_____ [INSERT NAME OF SERVICE/PROGRAM #2]

_____ [INSERT NAME OF SERVICE/PROGRAM #3]

_____ [INSERT NAME OF SERVICE/PROGRAM #4]

_____ [INSERT NAME OF SERVICE/PROGRAM #5]

_____ Other (please specify):

_____ Other (please specify):

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

	<i>Inappropriate</i>	<i>Not Important</i>	<i>Somewhat Important</i>	<i>Very Important</i>	<i>Critical</i>
[INSERT NAME OF SERVICE/PROGRAM #1]					
[INSERT NAME OF SERVICE/PROGRAM #2]					
[INSERT NAME OF SERVICE/PROGRAM #3]					
[INSERT NAME OF SERVICE/PROGRAM #4]					
[INSERT NAME OF SERVICE/PROGRAM #5]					
Other (please specify):					
Other (please specify):					

7. To what extent did the service(s) you received from our NPO meet your expectations?

	<i>Much Worse Than Expected</i>	<i>Below Expectations</i>	<i>Met My Expectations</i>	<i>Better Than Expected</i>	<i>Far Exceeded Expectations</i>
[INSERT NAME OF SERVICE/PROGRAM #1]					
[INSERT NAME OF SERVICE/PROGRAM #2]					
[INSERT NAME OF SERVICE/PROGRAM #3]					
[INSERT NAME OF SERVICE/PROGRAM #4]					
[INSERT NAME OF SERVICE/PROGRAM #5]					

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

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

If yes, would you say that the fee was affordable?

Far Too Expensive *Expensive* *Neutral* *Affordable* *Very Affordable*

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

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>NA</i>
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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 NPO seek your opinion and/or feedback while you were a beneficiary?

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
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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 NPO 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 NPO staff

- 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 manner in which the service was provided?

Yes No

If yes, please name up to three problems, in order of importance to you. (Feel free to use the back of this paper.)

1. _____
2. _____
- _____

3. _____

13. How does our service compare with other providers? Is our quality of service better, worse or about the same as others?

Much Worse	Worse	Same	Better	Much Better
—	—	—	—	—

14. Would you use our service(s) again?

Definitely Not	No	Maybe	Yes	Definitely Yes
—	—	—	—	—

15. How likely is it that you would refer a friend to our NPO?

Definitely Not	No	Maybe	Yes	Definitely Yes
—	—	—	—	—

16. What suggestions do you have that could help us to provide better services to you and other beneficiaries like you? Are there any services you would like for our NPO to add? Which services are not helpful to you and can be omitted? (Feel free to use the back of this paper.)

[Redacted]

17. 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: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

PREFERENCE Phone Call Face-to-face conversation

Thank you so much for taking the time to complete this survey. Once we have collected feedback and had a chance to analyze your responses, we will share the results of the survey with everyone that participated **[explain how the results will be shared, for example: in an upcoming newsletter, on our website, at an upcoming meeting/event.]**