

Telephone Follow-Up Survey: CLIENT - ENGLISH

1. Client Information

* 1. NOTE TO INTERVIEWER: Please enter the following information before you call the client.

Interviewer's Name	<input type="text"/>
Client's Name	<input type="text"/>
Transaction ID	<input type="text"/>
Category 1	<input type="text"/>
Client Need 1	<input type="text"/>
Referral 1	<input type="text"/>
Referral 2	<input type="text"/>
Referral 3	<input type="text"/>
Category 2	<input type="text"/>
Client Need 2	<input type="text"/>
Referral 1	<input type="text"/>
Referral 2	<input type="text"/>
Referral 3	<input type="text"/>
Category 3	<input type="text"/>
Client Need 3	<input type="text"/>
Referral 1	<input type="text"/>
Referral 2	<input type="text"/>
Referral 3	<input type="text"/>

* 2. Date of transaction

	MM	DD	YYYY		
Date of transaction	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

2. Introduction

INTRODUCTORY SCRIPT

Hello, my name is [insert name] and I'm calling from 2-1-1 San Diego. May I speak with [insert name]?

About 1 week ago, you called 2-1-1 about [insert client need - if NO need listed, just say: About 1 week ago, you called 211.]. At that time, you requested a follow-up to make sure you got the services you needed?

This follow-up will take just 5 minutes of your time. Do you mind if I ask you a few questions about our services so we can better serve other people like you.

[If yes]: Okay, great. Let's begin.

[If no]: Okay. Thanks for your time. Have a great day.

NOTE TO INTERVIEWER:

IF AT ANYTIME THE CALLER WISHES TO END THE CALL, SAY "THANK YOU FOR PARTICIPATING IN THE SURVEY" AND END THE CALL.

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3. Referral Contacted

* 3. Did you try to call or go to one of the services 211 suggested?

[IF RESPONDENT MENTIONS MORE THAN ONE SERVICE, ASK HIM/HER TO THINK ABOUT THE FIRST SERVICE CONTACTED].

[DO NOT LIST OPTIONS].

4. Referral Contacted - Reason

4. Please describe your main reason for not contacting one of the services?

[DO NOT LIST OPTIONS - VOLUNTEER SHOULD CATEGORIZE THE REASON TO THE BEST OF THEIR ABILITY AND SELECT AND SPECIFY OTHER IF NECESSARY]

Other (please specify)

5. Referral Received

5. Did you receive services from the agency 211 referred you to?

[DO NOT LIST OPTIONS]

6. Call Center Transfer - Part 1

6. I'm sorry to hear you did not receive the services you needed. We only have a few more questions in the survey and after that I would be happy to transfer you back to our call center for additional help. Is that something you would be interested in?

7. Call Center Transfer - Part 2

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Okay, great. After we complete the survey, I will transfer you. You may not speak to the same specialist so please be sure to repeat your needs.

[FINISH SURVEY AND THEN TRANSFER TO x2020]

8. Call Center Transfer - Part 3

Okay, we'll go ahead and finish the survey now.

9. Referral Received - Reason

7. Please describe the main reason you did not receive services?

[DO NOT LIST OPTIONS - VOLUNTEER SHOULD CATEGORIZE THE REASON TO THE BEST OF THEIR ABILITY AND SELECT AND SPECIFY OTHER IF NECESSARY]

Other (please specify)

10. Satisfaction - Part 1

8. Now, I'm going to read you a list of statements about 2-1-1, and for each statement, I'd like to know if you strongly agree, agree, disagree, strongly disagree, or no opinion.

So far, the service(s) 2-1-1 referred me to have helped me.

Strongly agree

Agree

Disagree

Strongly disagree

No opinion

Decline

11. Satisfaction - Part 2

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- * 9. Now, I'm going to read you a list of statements about 2-1-1, and for each statement, I'd like to know if you strongly agree, agree, disagree, strongly disagree, or no opinion.

[READ QUESTION ABOVE AND LIST OPTIONS AS NECESSARY]

	Strongly agree	Agree	Disagree	Strongly disagree	No opinion	Decline
I would call 2-1-1 again if I needed help.	jñ	jñ	jñ	jñ	jñ	jñ
I would recommend 211 to someone else.	jñ	jñ	jñ	jñ	jñ	jñ
Because I called 2-1-1, I have a better understanding of the community resources available to me.	jñ	jñ	jñ	jñ	jñ	jñ
Because I called 2-1-1, I feel more in control of the situation I called about.	jñ	jñ	jñ	jñ	jñ	jñ

12. Satisfaction - Part 3

- * 10. Now, I'm going to read you a list of statements, and for each statement, I'd like to know if you are very satisfied, satisfied, dissatisfied, very dissatisfied, or have no opinion.

[READ QUESTION ABOVE AND LIST OPTIONS AS NECESSARY]

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No opinion	Don't know	Decline
How satisfied were you with the referral(s) you received?	jñ	jñ	jñ	jñ	jñ	jñ	jñ
How satisfied were you with the customer service you received from 2-1-1's call specialist?	jñ	jñ	jñ	jñ	jñ	jñ	jñ

13. Household - Number

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* 11. How many people (including yourself) are there in your household?

NOTE TO VOLUNTEER: Household means how many people do you share your income and/or expenses with?

[DO NOT LIST OPTIONS]

14. Household - Age Under 17

* 12. How many people in your household are 17 and under?

[DO NOT LIST OPTIONS]

15. Household - Age Under 5

13. How many people in your household are 6 and under?

[DO NOT LIST OPTIONS]

16. Household - Age Over 65

* 14. How many people in your household are 65 or older?

[DO NOT LIST OPTIONS]

17. Household - Military Duty

* 15. Is anyone in your household active duty military, retired, a veteran, or in the military reserves?

[DO NOT LIST OPTIONS]

18. Household - Military Duty - Specify

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16. Who in your family?

[DO NOT LIST OPTIONS]

Other (please specify)

19. Conclusion

Thank you for taking the time to participate in this survey. Your feedback will help us improve our service. We appreciate your time and have a great day.

[IF THE CLIENT NEEDS MORE SERVICES BECAUSE THEY DID NOT RECEIVE THEM THE FIRST TIME, OR REQUESTS/WISHES FOR ADDITIONAL SERVICES, PLEASE TRANSFER THEM TO x2020 REMINDING THEM TO REPEAT THEIR NEEDS TO THE CALL SPECIALIST]

20. Interviewer Notes

17. Interviewer Notes

PLEASE CLICK THE DONE BUTTON BELOW TO SUBMIT THE SURVEY