

CUSTOMER SURVEY



Aids & Adaptations

Property ID: 24LEI001007

Survey ID: AA009

November 2010

On a scale of 1 to 10 (1 being very poor and 10 being very good), please score following questions. Please circle the score you agree with.



1	How well were you consulted by NCH staff prior to the adaptation being carried out?	1	2	3	4	5	6	7	8	9	10
2	How would you rate the time taken to carry out the work on your home?	1	2	3	4	5	6	7	8	9	10
3	How well do you rate the arrangements made to minimise your inconvenience during the work?	1	2	3	4	5	6	7	8	9	10
4	How would you rate the conduct of our staff when carrying out the work?	1	2	3	4	5	6	7	8	9	10
5	How would you rate the care taken to protect your property whilst work was carried out?	1	2	3	4	5	6	7	8	9	10
6	How satisfied were you that your home was left clean and tidy after the work was completed?	1	2	3	4	5	6	7	8	9	10
7	How satisfied were you with the quality of work?	1	2	3	4	5	6	7	8	9	10
8	How well were you advised on using the new adaptation?	1	2	3	4	5	6	7	8	9	10
9	How effective is the adaptation in meeting your needs?	1	2	3	4	5	6	7	8	9	10
10	How would you rate the overall aids and adaptations service?	1	2	3	4	5	6	7	8	9	10

(Please turn over if you wish to provide comments about the service you have received)

Signature _____

Date of Birth _____

E-mail _____

Telephone No _____

Date _____

CUSTOMER NAME & ADDRESS

Enquiry ID: 1