OMB # 0970-XXXX Expiration Date: XX/XX/XXXX

Appendix A.5: Survey Questions for Clients

DRAFT Survey Questions

Overall, how satisfied are you with the services you received from [PROGRAM/AGENCY]?

- a) Very satisfied
- b) Somewhat satisfied
- c) Neutral
- d) Not very satisfied
- e) Not at all satisfied

How much effort did it take to get the services you needed?

- a) Very Difficult
- b) Difficult
- c) Neutral
- d) Easy
- e) Very Easy

How often did you interact with the staff?

- a) Every day or almost every day
- b) 3 or 4 times per week
- c) 1 or 2 times per week
- d) 2 or 3 times in the past month
- e) Once in the past month
- f) Less than once a month
- g) Not at all

Overall, how would you rate your interactions with the staff?

- a) Excellent
- b) Good
- c) Average
- d) Fair
- e) Poor
- f) Don't know/not applicable

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What types of services and help did you receive?

	Ye	No	D
	S		K
Help with resume writing?			
Assistance with identifying potential employers?			
Assistance with completing job applications?			
Help with job interviewing skills?			
Help arranging child care			
Transportation assistance			
Help with work-appropriate clothing			
General money management assistance			

Overall, how would you rate the quality of the services and help?

- a) Very high
- b) High
- c) Neither high nor low
- d) Low
- e) Very low

How well did the services meet your needs?

- a) Extremely well
- b) Very well
- c) Somewhat well
- d) Not so well
- e) Not well at all

How much have these services helped you in the following areas?

	Not at all	A little	A fair	A lot
			amount	
Resume writing				
Identifying potential employers				
Completing job applications				
Interviewing skills				
Arranging child care				
Transportation assistance				
Choosing work-appropriate clothing				
General money management				