# CLIENT SURVEY TEMPLATE

## INSTRUCTIONS

The green boxes before a question or a set of questions contain relevant information and instructions for customization.

- Text that is shown in brackets << >> is customizable. **Otherwise, do not change text or you will lose inclusion in our benchmarks.**

- You will also see in the green box which questions are required and which are optional for your organization to include in your survey. Respondents can opt out of answering any question.

- **Order matters.** We have designed the survey with a specific question order and ask that you keep to it except in extreme circumstances. The order of answer options is also intentional, always going from negative to positive.

## SURVEY TITLE AND INTRODUCTORY TEXT

- Rename the survey to something engaging and relevant to your clients and, ideally, include your organization or program name.

- Introduce the purpose of the survey and describe how your organization will handle the feedback received. Keep it brief! Example below:

  *This is an opportunity for you to honestly tell us how we are doing as an organization and how we might do better. Your responses to this survey will be anonymous. Nothing you say in this survey will affect your ability to participate in << this organization's >> services in any way. Thank you for your feedback!*

- We <u>strongly</u> encourage anonymous surveying, but if you want to make the survey only confidential, change the language in the purpose paragraph to reflect that.

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- **Q1–Q3 are required questions for you to include.**
- Replace << this organization >> with your organization or program name.
- Customize Q1 by choosing option a, b, or c. If you choose option c, limit the language you include to 140 characters or fewer.

1. How likely is it that you would recommend << this organization >> to << CUSTOMIZE WITH OPTION BELOW >>?

   a.   **Standard:** a friend or family member
   b.   **General qualifier:** a friend or family member who is in a similar situation to you
   c.   **Specific qualifier:** a friend or family member who needed <<Y>>

| Not at all likely | | | | | | | | | | Extremely likely |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

2. What is << this organization >> good at?

   _____

   _____

3. What could << this organization >> do better?

   _____

   _____

## EXPERIENCE QUESTIONS / Q4–Q9

- **Q4 and Q5 are required questions for you to include.** Q5 may be customized if those who interact with clients have more specific titles than staff (e.g., advisors, case managers, volunteers, etc.).
- **Q6–Q9 are optional.** Include as many or none of these questions as you'd like depending on their relevance. They do not count toward your custom question limit.
- Q8 may be customized to suit your program model.
- Answer options to Q9 may not be customized. If different time periods make sense for your organization, delete the current Q9 and create a new custom question.

4. Overall, how well has << this organization >> met your needs?
   - ○ Not well at all
   - ○ A little bit
   - ○ Fairly well
   - ○ Very well
   - ○ Extremely well

5. How often << do staff at this organization >> treat you with respect?
   - ○ Never
   - ○ Rarely
   - ○ Sometimes
   - ○ Usually
   - ○ Always

6. How easy is it for you to get services at << this organization >>?
   - ○ Not at all easy
   - ○ A little bit easy
   - ○ Fairly easy
   - ○ Very easy
   - ○ Extremely easy

7. Please explain your answer.

   _____

   _____

8. How connected do you feel to << CUSTOMIZE WITH OPTION BELOW >> at << this organization >>?

   a. other participants [may be customized to suit your program model: e.g., "peers," "cohort," "other students"]
   b. staff [may be customized to suit your program model: e.g., "your mentor," "your case manager," "adults"]

   ○ Not at all connected
   ○ A little bit connected
   ○ Fairly connected
   ○ Very connected
   ○ Extremely connected

9. How often do you interact with << this organization >>?
   ○ Every day
   ○ A few times a week
   ○ A few times a month
   ○ Once a month
   ○ Once every few months
   ○ Less often than that

## CUSTOM QUESTIONS

- You can add up to 7 custom questions to this survey, to be inserted before the final demographics section. **However, keep in mind that the goal is to keep the survey short, with approximately 20 questions in total.**

- **Custom questions are limited to multiple choice (i.e., choose one answer), checkboxes (i.e., check all that apply), or open ended (i.e., free-form) question types.** There are no matrices or ranked order question types available at this time.

- When possible, use similar answer options or rating scales as existing L4G questions.

<<< INSERT CUSTOM QUESTIONS OR DELETE SECTION >>>

# DEMOGRAPHIC QUESTIONS / Q10–Q12

- These questions are useful for making sure you have a representative sample and for segmenting results as part of your analysis.
- Customize the answer options on Q10–Q12 so they are most relevant to your clients. The questions themselves cannot be customized and **are required of organizations participating in L4G**.
- If you'd like to add an additional demographic question, please do so in your custom questions.
- While these questions are required in your survey, respondents can opt out of answering if they desire.

*The following optional and confidential questions help us understand who we serve and how we can support you. Please find the options that are the best fit for you or please self-describe.*

10. What is your age?
    - ○ 17 years or younger
    - ○ 18 – 24 years
    - ○ 25 – 34 years
    - ○ 35 – 44 years
    - ○ 45 – 54 years
    - ○ 55 – 64 years
    - ○ 65 – 74 years
    - ○ 75 years or older

11. Gender: How do you identify?
    - ○ Man
    - ○ Non-binary
    - ○ Woman
    - ○ Prefer to self-describe, below

    Self-describe:_____

12. Race/Ethnicity: How do you identify? (Check all that apply)
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x
- ☐ Middle Eastern or North African
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Another race or ethnicity, please describe below

Self-describe:_____