

## Customer Satisfaction Questionnaire

We are constantly striving to provide a good service. This survey is part of the process. Please help us to do this by completing this questionnaire.

Please check the appropriate boxes and add your comments where relevant.

1. How many times do you usually call MountainHeart?

More than three times a week  up to three times a week  once a week   
hardly ever (Please specify why)

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2. When you come to MountainHeart what services do you need? (Pick each one as appropriate)

Child Care  Head Start  Early Head Start   
Weatherization  Taxes  Dollar Energy   
other (Please specify)

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3. Thinking about your experience, were staff helpful?

Yes  No

(If no, Please give reasons)

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4. Did MountainHeart not have the program you needed?

Yes  No

(If no, Please give reasons)

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5. Did MountainHeart meet your expectations? Yes  No

(If no, Please give reasons)

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6. What improvements, if any, would you like to see?

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Thank you for completing this questionnaire. Results will be treated in confidence. Please give your name and a contact number if you would like us to follow up your comments.

Name -----