

DISPOSITION \_\_\_\_\_ CODE 5381  
 020653811  
 2/16/06 – 2

**W-2/FSET CUSTOMER SATISFACTION STUDY  
 SURVEY QUESTIONNAIRE**

First Call:    Date \_\_\_\_\_    Time \_\_\_\_\_    Interviewer \_\_\_\_\_  
 1st Callback \_\_\_\_\_  
 2nd Callback \_\_\_\_\_  
 3rd Callback \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_  
 Telephone A/C \_\_\_\_\_    Number \_\_\_\_\_

May I please speak to **(NAME ON LIST)? (IF NOT AVAILABLE, ASK FOR THE BEST TIME TO REACH THIS PERSON.)**

**INTRODUCTION**

Hello, my name is \_\_\_\_\_ from The Dieringer Research Group, a survey research firm. We are only gathering opinions. This is not a sales call. We have been hired by the State of Wisconsin to ask you some questions about your experience with [*W-2 or FSET*] to learn how to improve the program. Your participation in this survey is completely voluntary. Your answers will not be seen by the agency, your name will not be included and nothing you say will affect your benefits from the program in any way. The survey takes about six minutes to complete.

A. According to State records, [*agency name*] is the agency in charge of your [*W-2 or FSET*] services for the past two months. Is this correct?

**INTERVIEWER READ IF NECESSARY:** Again, your answers will not be seen by the agency, your name will not be included and nothing you say will affect your benefits in any way.

- (Proceed to **B.**) ← Yes ..... 1
- (Proceed to **A.1. if Milwaukee County, else B.**) ← No ..... 2
- (Proceed to **A.1. if Milwaukee County, else B.**) ← Don't know ..... 3

A.1. Do you receive your [*W-2 or FSET*] services at [*agency address*]?

**INTERVIEWER READ IF NECESSARY:** Again, your answers will not be seen by the agency, your name will not be included and nothing you say will affect your benefits in any way.

- (Continue to B) Yes ..... 1
- (Continue to A.2) No ..... 2

A.2. Thinking of the agency in charge of your [W-2 or FSET] services, which one location do you go to? **(READ LOCATION(S) IF NECESSARY.)**

**PROGRAMMER NOTE: REMOVE [AGENCY ADDRESS] READ IN A.1 FROM THE LIST.**

<b>Milwaukee</b> , 6650 N 76 <sup>th</sup> Street (Northwest) .....	1
<b>West Allis</b> , 1304 S. 70 <sup>th</sup> Street (Southwest) .....	2
<b>Milwaukee</b> , 1915 N. Martin Luther King Drive (Northeast) .....	3
<b>Milwaukee</b> , 910 W. Mitchell Street (Southeast) .....	4
<b>Milwaukee</b> , 4030 N. 29 <sup>th</sup> Street (Central) .....	5
<b>Milwaukee</b> , 2701 S. Chase Avenue (Milwaukee SSI) .....	6
Other location (non-specify) .....	99

B. Our records indicate you were participating in or were scheduled to start the following services or activities from [agency name] in the past two months. **(RANDOMLY READ FOUR SERVICES IN SAMPLE RECORD.)**

**INTERVIEWER READ IF NECESSARY:** *Again, your answers will not be seen by the agency, your name will not be included and nothing you say will affect your benefits in any way.*

**[PROGRAMMER NOTE: IF RESPONDENT DOES NOT HAVE ANY SERVICES LISTED IN SAMPLE, PULL IN “CASE MANAGEMENT SERVICES” AS A GENERAL SERVICE.]**

Post-Secondary Education	Job Skills Training .....	JS
Less Than 2 Years for FSET .....	Legal Appointment/Court Related Services ..	LA
AODA Assessment .....	Literacy Skills .....	LS
Disability & Learning Assessment .....	Mentor/Coach .....	MN
Physician’s Assessment .....	Job Readiness/Motivation .....	MO
Mental Health Assessment .....	On-the-Job Training .....	OJ
Domestic Violence Assessment and	Occupational Testing .....	OC
Supportive Services .....	Ongoing Medical .....	OM
Adult Basic Education .....	Personal Care/Self Care .....	PC
AODA Counseling .....	Personal Development .....	PD
Employment Counseling .....	Parenting/Life Skills .....	PL
Mental Health Counseling .....	Physical Rehabilitation .....	PR
Career Advancement Services .....	Regular School (K-12) .....	RS
Driver’s Education .....	SSI/SSDI Advocacy/Application .....	SD
Employer Intervention Services .....	Technical College Activities .....	TC
English as a Second Language .....	Trial Job/Private Employer .....	TJ
Employment Search .....	Upfront Career Planning .....	UC
GED .....	Upfront Employment Search .....	UE
HSE (High School Equivalency) .....	Upfront Job Readiness/Motivation .....	UR
Housing Related Activities .....	Work Experience .....	WE
Job Retention Services .....	FSET Work Experience .....	WX

B.1. Is it correct that you received these services from [agency name]?

- (Proceed to **C.** or **D.**) ← Yes, all of them from this agency ..... 1
- (Proceed to **C.** or **D.**) ← Yes, some of them from this agency ..... 2
- (Proceed to **C.** or **D.**) ← Don’t know ..... 3
- (Thank and Terminate) ← No, I don’t get these services ..... 4

(Thank and Terminate) ← No, I get them from another agency ..... 5

**IF PRIVATE AGENCY, THEN PROCEED TO C., ELSE SKIP TO D.**

**[PROGRAMMER NOTE: PRIVATE AGENCIES WILL BE IDENTIFIED AS AN ELEMENT IN THE SAMPLE.]**

C. We will be asking you questions about the staff of the [agency name] agency AND NOT County staff. As you probably know, County employees take care of Food Stamps, Child Care, and/or Medical Benefits. We will not be asking you about the County staff, but about [agency name] staff.

D. Before we start asking you questions, we want to emphasize that we want your opinions about the services that we identified and the performance of the [agency name] staff in the past two months, not about other agencies or services, or even the [W-2 or F-SET] policies in general.

**QUESTIONS**

**(#2 SERIES AND #3 SERIES WILL ROTATE AS BLOCKS AND Q3 SERIES WILL ROTATE WITHIN.)**

**IF MILWAUKEE COUNTY OR PRIVATE AGENCY, THEN PROCEED, ELSE SKIP TO TEXT BEFORE 2.1.**

Please think only about your [W-2 or FSET] benefits, not Food Stamps, Child Care, or Medical Benefits.

1. Our records indicate that your [W-2 or F-SET] worker is [name of worker]. Is that correct?

- (Continue to text before 2.1) Yes ..... 1
- (Skip to 1.1) No..... 2
- (Skip to 1.1) Don't know/Refused ..... 3

1.1 Have you worked with [name of worker] in the past two months?

- (Continue to text before 2.1) Yes ..... 1
- (Thank and terminate) No..... 2
- (Thank and terminate) Don't know/Refused ..... 3

**IF SAMPLE = MILWAUKEE COUNTY OR PRIVATE AGENCY AND Q2 = 1, INSERT NAME OF CASE WORKER IN Q2 SERIES**

**IF SAMPLE DOES NOT EQUAL MILWAUKEE COUNTY OR PRIVATE AGENCY, INSERT "YOUR [W-2 OR F-SET] WORKER" IN Q2 SERIES**

For my next few questions, I want you to think about your experience with ([name of worker] or Your [W-2 or FSET] worker)) in the past two months.

2.1. In the past two months, did you call ([name of worker] or Your [W-2 or F-SET] worker)) to ask a question?

- (Continue to 2.2) Yes ..... 1
- (Skip to 3.1) No..... 2
- (Skip to 3.1) Don't know/Refused ..... 3

2.2. In the past two months, have you had a working answering machine, voice mail, someone else available, or some other means for you to receive a phone message?

(Continue to 2.3) Yes ..... 1  
 (Skip to 3.1) No..... 2

2.3. Using a scale of 1 to 10, where “10” means “Strongly Agree” and “1” means “Strongly Disagree,” how much do you agree that ...

([Name of worker] or Your [W-2 or F-SET] worker]) returned phone calls within two business days.

Strongly <u>Disagree</u>										Strongly <u>Agree</u>	Don't <u>Know</u>	<u>Refused</u>
1	2	3	4	5	6	7	8	9	10	11	12	

3.1. Using a scale of 1 to 10, where “10” means “Strongly Agree” and “1” means “Strongly Disagree,” how much do you agree that...

([Name of worker] or Your [W-2 or FSET worker]) is sincere.

Strongly <u>Disagree</u>										Strongly <u>Agree</u>	Don't <u>Know</u>	<u>Refused</u>
1	2	3	4	5	6	7	8	9	10	11	12	

3.2. ([Name of worker] or Your [W-2 or FSET worker]) is respectful.

Strongly <u>Disagree</u>										Strongly <u>Agree</u>	Don't <u>Know</u>	<u>Refused</u>
1	2	3	4	5	6	7	8	9	10	11	12	

3.3. ([Name of worker] or Your [W-2 or FSET worker]) is responsive to your needs.

Strongly <u>Disagree</u>										Strongly <u>Agree</u>	Don't <u>Know</u>	<u>Refused</u>
1	2	3	4	5	6	7	8	9	10	11	12	

3.4. ([Name of worker] or Your [W-2 or FSET worker]) clearly explained what programs and services were available to you and your family and what you had to do to get services under the [W-2 or FSET] program.

Strongly <u>Disagree</u>										Strongly <u>Agree</u>	Don't <u>Know</u>	<u>Refused</u>
1	2	3	4	5	6	7	8	9	10	11	12	

3.5 You were part of the process in identifying and assigning activities in which to participate.

Strongly <u>Disagree</u>										Strongly <u>Agree</u>	Don't <u>Know</u>	<u>Refused</u>
1	2	3	4	5	6	7	8	9	10	11	12	

4.1 Using a scale of 1 to 10, where “10” means “Strongly Agree” and “1” means “Strongly Disagree,” how much do you agree that ...

The services and activities that you received from the ENTIRE [W-2 OR FSET] staff were helpful in improving your life.

Strongly <u>Disagree</u>											Strongly <u>Agree</u>	Don't <u>Know</u>	<u>Refused</u>
1	2	3	4	5	6	7	8	9	10	11	12		

4.2 Thinking only of the past two months, you are satisfied overall with the service you received from the ENTIRE [W-2 OR FSET] staff.

**INTERVIEWER NOTE: IF RESPONDENT SAYS THE RATING VARIES DEPENDING ON THE STAFF MEMBER, ASK THEM TO CONSIDER ALL STAFF MEMBERS TOGETHER WHEN ANSWERING THIS QUESTION.**

Strongly <u>Disagree</u>											Strongly <u>Agree</u>	Don't <u>Know</u>	<u>Refused</u>
1	2	3	4	5	6	7	8	9	10	11	12		