

MASCOT TELECARE CUSTOMER SATISFACTION FEEDBACK

Q1	Have you ever used MASCOT in an emergency? If not, please go straight to question 4	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q2	Was the response by MASCOT staff prompt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q3	Did you need any emergency services? If yes, please circle: <i>Ambulance / Police / Fire Brigade</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q4	Do you make a monthly test call using your pendant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q5	Do you or your family pay for the service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q6	If yes, do you think that the MASCOT service is value for money?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q7	Have you ever had to contact MASCOT regarding your finances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q8	If yes, were the staff: <i>Courteous / Helpful / Understanding / Discourteous / Unhelpful / Impatient</i> (Please circle the words that describe how you feel)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q9	Was the telephone answered promptly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q10	Do you consider that MASCOT staff make every effort to meet any special needs you may have from the point of view of disability, language, culture or any other requirements? Would you like to comment? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Q11	Do you know how telecare can meet specialist needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q12	Would you like more information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q13	Have you ever had to contact MASCOT to make a complaint, compliment, suggestion or comment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q14	<p>If yes, was it to leave your message?</p> <p>Was your point listened to and acted upon?</p>	<p>Yes <input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p><input type="checkbox"/></p>
Q15	<p>If you wish, please write a complaint, compliment, suggestion or comment below</p> <p>.....</p> <p>.....</p> <p>.....</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q16	<p>Overall, how do you rate the MASCOT service?</p> <p>Excellent Good Fair Poor</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		
Q17	<p>How do you feel that the service could be improved?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		