



The Annual Tenant Consultation Survey 2011/12

Name _____

Address _____

Who Provides you with support _____

As part of our commitment to improve the services we provide to you, we are carrying out a survey of our tenants. Everyone who returns their questionnaire will be entered into a prize draw, with a chance to win up to £25 in vouchers.

Overall Service

1. How satisfied or dissatisfied are you with the service AHS provides? Please only one box.



Satisfied



Neither



Dissatisfied.

2. How satisfied or dissatisfied are you with the overall quality of your home? Please only one box.



Satisfied



Neither



Dissatisfied.

3. Taking into account your home and the services that AHS provide, how satisfied or dissatisfied are you that the rent you pay is value for money? Please only one box.



Satisfied



Neither



Dissatisfied.

4. Which of the following do you consider to be the most important areas for future investment in your home . Please up to three boxes.

- | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <i>New windows</i> <input type="checkbox"/> | <i>New central heating</i> <input type="checkbox"/> |
| <i>New kitchen</i> <input type="checkbox"/> | <i>Insulation</i> <input type="checkbox"/> |
| <i>New bathroom</i> <input type="checkbox"/> | <i>New doors</i> <input type="checkbox"/> |
| <i>Electrical upgrade</i> <input type="checkbox"/> | <i>Improvements to the outside of your scheme</i> <input type="checkbox"/> |
| <i>Security improvements</i> <input type="checkbox"/> | <i>My home does not need any investments</i> <input type="checkbox"/> |
| <i>Soundproofing</i> <input type="checkbox"/> | |
| <i>Improvements to the roof</i> <input type="checkbox"/> | |

5. How satisfied or dissatisfied are you with the way AHS deals with repairs and maintenance. Please only one box.



Satisfied



Neither



Dissatisfied.

6. How satisfied or dissatisfied are you with the standard of customer care you receive from AHS. Please only one box.



Satisfied



Neither



Dissatisfied.

7. How satisfied or dissatisfied are you with your neighbourhood as a place to live. Please only one box.



Satisfied



Neither



Dissatisfied.

Housing Related Support and Support Services

8. How satisfied or dissatisfied are you with the services provided by your support workers? Please only one box.



Satisfied



Neither









Dissatisfied.

9. How satisfied or dissatisfied are you with the following support services?
Please one box for each statement.




	 <i>Satisfied</i>	 <i>Neither</i>	 <i>Dissatisfied</i>
Help developing life skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help establishing social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help managing my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How enquiries are dealt with generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring health and well being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help accessing other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall support service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication and Participation

10. How would you prefer to contact AHS? Please up to 2 choices

					
<i>By telephone</i>	<i>By visiting the office</i>	<i>By letter</i>	<i>By email</i>	<i>By text message</i>	<i>Via internet/digital TV</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How satisfied or dissatisfied are you that your views are being taken into account by AHS. Please only one box.

		
<i>Satisfied</i> <input type="checkbox"/>	<i>Neither</i> <input type="checkbox"/>	<i>Dissatisfied.</i> <input type="checkbox"/>

12. Which methods do you prefer AHS to use to consult you about issues that may affect you? Please your top three choices.

- | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <i>Be a member of the LHT panel ...</i> <input type="checkbox"/> | <i>Attend a discussion group.....</i> <input type="checkbox"/> |
| <i>Be a member of a Supported Tenant Forum.....</i> <input type="checkbox"/> | <i>I don't want an active role, but I'm happy to read information I am sent.....</i> <input type="checkbox"/> |
| <i>Complete surveys.....</i> <input type="checkbox"/> | <i>I do not want to be involved.....</i> <input type="checkbox"/> |
| <i>Become a tenant auditor/ mystery shopper.....</i> <input type="checkbox"/> | |

13. How satisfied or dissatisfied are you that AHS is keeping you informed about things that may affect you as a tenant. Please only one box.



Satisfied



Neither



Dissatisfied.

14. If we were to spend money on one new thing for your scheme, what would that be?

Background Information

This information provided will be treated in the strictest confidence and only be held & used in accordance with the Data Protection Act 1998.

15. Your gender: Please only one box.

- Male.....*
- Female.....*

16. How would you describe your sexual orientation? Please only one box.

- | | |
|---------------------------------------------------|--------------------------------------------------------|
| <i>Heterosexual.....</i> <input type="checkbox"/> | <i>Bisexual.....</i> <input type="checkbox"/> |
| <i>Gay man.....</i> <input type="checkbox"/> | <i>Other.....</i> <input type="checkbox"/> |
| <i>Gay woman.....</i> <input type="checkbox"/> | <i>Prefer not to say.....</i> <input type="checkbox"/> |

17. What is your religion: Please only one box.

- | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| None..... | <input type="checkbox"/> | Muslim..... | <input type="checkbox"/> |
| Christian (all denominations)..... | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Any other religion | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Prefer not to say..... | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | | |

18. Your age group: Please only one box.

- | | | | |
|-------------|--------------------------|-------------|--------------------------|
| 16-24 | <input type="checkbox"/> | 55-59 | <input type="checkbox"/> |
| 25-34 | <input type="checkbox"/> | 60-64 | <input type="checkbox"/> |
| 35-44 | <input type="checkbox"/> | 65-69 | <input type="checkbox"/> |
| 45-54 | <input type="checkbox"/> | 70+ | <input type="checkbox"/> |

19. To which of these groups do you consider you belong? Please one box only.

- | | | | |
|----------------------------------------------------------------|--------------------------|----------------------------------------------------------------------|--------------------------|
| White: White British | <input type="checkbox"/> | White & Black African..... | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | White & Asian..... | <input type="checkbox"/> |
| White Other (please tick and write in other box)..... | <input type="checkbox"/> | Any other mixed background (please tick and write in box)..... | <input type="checkbox"/> |
| Asian/Asian British: Indian..... | <input type="checkbox"/> | Black/Black British: Caribbean..... | <input type="checkbox"/> |
| Pakistani..... | <input type="checkbox"/> | African | <input type="checkbox"/> |
| Bangladeshi..... | <input type="checkbox"/> | Any other Black background (please tick and write in other box)..... | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Other: Gypsy/ Romany/ Irish Traveller..... | <input type="checkbox"/> |
| Other (please tick and write in other box) | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Mixed: White & Black Caribbean <input type="checkbox"/> | | | |
| Other (Please state) | | | |

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.