

VoiceMail4All

Client Questionnaire

The information you give us today will help us to improve the VoiceMail4All service and to get further funding. Your time and cooperation are greatly appreciated!

Name:	Partner Project:
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Was your main objective in having a voicemail number met while you had the VoiceMail4All number? Yes No

Have you achieved any of the following objectives during your last contract and was VoiceMail4All useful in helping you achieve these objectives?
(Please circle **TWO** answers for each objective)

Objective	I Achieved This Objective	My Mailbox WAS Useful in Helping Me to Achieve This Objective
Finding somewhere to live	Yes / No	Yes / No / I did not pursue this objective
Getting a job	Yes / No	Yes / No / I did not pursue this objective
Setting up a business	Yes / No	Yes / No / I did not pursue this objective
Hearing from other support workers	Yes / No	Yes / No / I did not pursue this objective
Hearing from friends and family	Yes / No	Yes / No / I did not pursue this objective
Contacting healthcare professionals	Yes / No	Yes / No / I did not pursue this objective

Would you say that having a voicemail number allowed you to make significant changes in your life? (Please tick only one answer)

Strongly Agree Agree Not Sure Disagree Strongly Disagree

What is your main reason for not renewing your voicemail number? (Please specify)

What types of people left messages for you on your voicemail number?
(Please tick as many options that apply)

<input type="checkbox"/> Street Outreach / Resettlement / Housing Worker	<input type="checkbox"/> Employment / Education Contacts
<input type="checkbox"/> Health Care / Specialist Support Workers	<input type="checkbox"/> Benefits Agency
<input type="checkbox"/> Nobody Left Messages	<input type="checkbox"/> Friends and Family
<input type="checkbox"/> Other (specify)	

How easy did you find it to understand the prompt system on your voicemail number?
(Please tick only one answer)

Very Easy Moderately Easy Not at all Easy

How did you usually access your voicemail? (Please tick as many options that apply)

<input type="checkbox"/> Street Phone Box	<input type="checkbox"/> Pub Phone Box	<input type="checkbox"/> Accommodation Project Phone
<input type="checkbox"/> Partner Project Phone	<input type="checkbox"/> Friend's Phone	<input type="checkbox"/> Day Centre Phone
<input type="checkbox"/> Other (please specify)		

Please give us any specific examples of how VoiceMail4All has been useful to you. How we can make VoiceMail4All better?

Would you like to get involved in promoting VoiceMail4All to others? Yes No

Tick here if we have permission to quote your comments anonymously in future reports, publicity or media stories.