



# **CUSTOMER SATISFACTION SURVEY QUESTIONNAIRE**

**February - March 2018**

|                             |  |
|-----------------------------|--|
| <b>QUESTIONNAIRE NUMBER</b> |  |
|-----------------------------|--|

### SECTION A: DEMOGRAPHIC PROFILE

#### TYPE OF AREA YOU LIVE IN

| Area                | Code |
|---------------------|------|
| Formal Township     | 1    |
| Inner City/Flats    | 2    |
| Informal Settlement | 3    |
| Suburb              | 4    |
| Rural Settlement    | 5    |

| Gender | Code |
|--------|------|
| Male   | 1    |
| Female | 2    |
| Other  | 3    |

| Race     | Code |
|----------|------|
| African  | 1    |
| White    | 2    |
| Indian   | 3    |
| Coloured | 4    |
| Other    | 5    |

| Age Group | Code |
|-----------|------|
| 18 to 25  | 1    |
| 26 to 45  | 2    |
| 46 to 60  | 3    |
| 60+       | 4    |

| Education Level | Code |
|-----------------|------|
| None            | 1    |
| Grade 1 – 7     | 2    |
| Grade 8 - 10    | 3    |
| Grade 11 -12    | 4    |
| Diploma         | 5    |
| Degree          | 6    |
| Honours         | 7    |
| Masters         | 8    |
| Phd             | 9    |

| Monthly Income     | Code |
|--------------------|------|
| None               | 1    |
| R1 – R 3 000       | 2    |
| R 3 500 – R 5 000  | 3    |
| R 5 500 – R 10 000 | 4    |
| More than R 20 000 | 5    |
| N/A                | 6    |

| Household Size | Code |
|----------------|------|
| 1-3            | 1    |
| 4-6            | 2    |
| 7-8            | 3    |
| More than 8    | 4    |

1. (a) Indicate whether you reside in owned or rented

|                       |   |
|-----------------------|---|
| Owned                 | 1 |
| Rented                | 2 |
| Government Subsidised | 3 |

1. (b) How long have you lived in this area?

|                      |   |
|----------------------|---|
| Less than six months | 1 |
| 6 months – 12 months | 2 |
| 1 year – 3 years     | 3 |
| 3 years – 5 years    | 4 |
| 5 years – 10 years   | 5 |
| 10 years – 20 years  | 6 |
| More than 20 years   | 7 |

2. (a) Do you know your Ward Number?

|     |   |    |   |
|-----|---|----|---|
| YES | 1 | NO | 2 |
|-----|---|----|---|

## 2. (b) Do you know your Ward Councillor?

|     |   |    |   |
|-----|---|----|---|
| YES | 1 | NO | 2 |
|-----|---|----|---|

## 3. How accessible are the Local Municipal Offices from your area?

| Municipal Offices  | Code |
|--|------|
| 1. Easily Accessible                                       | 1    |
| 2. Not Easily Accessible                                   | 2    |
| Is it a walkable distance? (Estimate Kilometres) Comments: |      |
|  |      |

## 4. (a) Does the Municipal Buildings cater for people with disabilities?

|                               |   |    |   |
|-------------------------------|---|----|---|
| YES                           | 1 | NO | 2 |
| If response is "No" Comments: |   |    |   |
|                               |   |    |   |

## 5. (b) Does the Municipal Buildings cater for the elderly?

|                               |   |    |   |
|-------------------------------|---|----|---|
| YES                           | 1 | NO | 2 |
| If response is "No" Comments: |   |    |   |
|                               |   |    |   |

## 6. Are you satisfied with the neatness and cleanliness of the municipal building:

|                       | Satisfied | Not Satisfied | Don't Know |
|-----------------------|-----------|---------------|------------|
|                       | 1         | 2             | 3          |
| If Not Satisfied why? |           |               |            |

## 7. Does the Municipality cater for all dominant languages?

|                               |   |    |   |
|-------------------------------|---|----|---|
| YES                           | 1 | NO | 2 |
| If response is "No" Comments: |   |    |   |
|                               |   |    |   |

## SECTION B: MUNICIPAL SERVICES

### Basic Household Services

#### 1. Service Level Definitions

| Service Level   | Minimal (Value=1)  | Basic (Value=2)  | Full (Value=3)                                  | Comments: |
|-----------------|--|--|---|-----------|
| Water provision | Communal tap more than 200m away or no access to water (more than 2 minutes' walk) | Communal tap less than 200m away (less than 2 minutes' walk) | Metered in-house supply or yard standpipe       |           |
| Sanitation      | Buckets/pit toilets (either communal or in yard)                                   | VIP/chemical toilets (either communal or in yard)            | Flush toilet (either waterborne or septic tank) |           |
| Storm Water     | No storm water drainage  | Drainage ditches   | Proper formal storm water drainage              |           |

#### 2. Indicate hereunder the level of services used and the household satisfaction levels with each of the listed basic household services types. Service level definitions are provided below.

| Services        | Service Level |   |   |   |   | Satisfaction:<br>1= Very Poor<br>2= Poor<br>3= Average<br>4= Good<br>5= Very Good | Comments |
|-----------------|---------------|---|---|---|---|---|----------|
|                 | 1             | 2 | 3 | 4 | 5 |   |          |
| Sanitation      | 1             | 2 | 3 | 4 | 5 |   |          |
| Storm Water     | 1             | 2 | 3 | 4 | 5 |   |          |
| Water provision | 1             | 2 | 3 | 4 | 5 |   |          |
| Electricity     | 1             | 2 | 3 | 4 | 5 |   |          |
| Housing         | 1             | 2 | 3 | 4 | 5 |   |          |

### Billing and payment

#### 3. Rate the price/cost of each of the following tariffs/rates (Value for Money)

| 1= Very Poor 2= Poor 3= Average 4= Good 5= Very Good |   |   |   |   |   |
|--|---|---|---|---|---|
| Tariffs/Rates  | 1 | 2 | 3 | 4 | 5 |
| Water provision                                      | 1 | 2 | 3 | 4 | 5 |
| Electricity  | 1 | 2 | 3 | 4 | 5 |
| Other (please specify:)                              |   |   |   |   |   |

4. (a) Do you receive an account for municipal services for example: water & electricity bills?

|     |   |    |   |     |   |
|-----|---|----|---|-----|---|
| YES | 1 | NO | 2 | N/A | 3 |
|-----|---|----|---|-----|---|

4. (b) If YES, please rate your satisfaction with the following:

|  | Satisfied | Not Satisfied | Don't Know |
|--|-----------|---------------|------------|
|  | 1         | 2             | 3          |
| If Not Satisfied: Is it To High or To Low or inaccurate? |           |               |            |

5. If NOT, do you think the municipality provides proper channels in dealing with your account queries:

|           |
|-----------|
| Comments: |
|-----------|

### SECTION C: CUSTOMER CARE

1. Are you aware of Sizakala Customer Care Service Centres?

|     |   |    |   |
|-----|---|----|---|
| YES | 1 | NO | 2 |
|-----|---|----|---|

2. Have you ever contacted your municipal offices on any of the below

| Water  | Electricity | Sanitation | Other please specify: |
|--------|-------------|------------|-----------------------|
| 1      | 2           | 3          | 4                     |
| Other: |             |            |                       |

3. If you have contacted the Sizakala Customer Service Centres during the past 12 months, please rate your satisfaction with their handling of your enquiries.

| 1= Very Poor 2= Poor 3= Average 4= Good 5= Very Good |   |   |   |   |                      |
|--|---|---|---|---|----------------------|
| 1  | 2 | 3 | 4 | 5 | If You have not Skip |
| Comments:  |   |   |   |   |                      |

4. Do you receive notification from the municipality on service interruption?

|     |   |    |   |
|-----|---|----|---|
| YES | 1 | NO | 2 |
|-----|---|----|---|

5. If Yes what method does the municipality use?

|                         |
|-------------------------|
| Comment on Method Used: |
|-------------------------|

6. Are you satisfied with the method used?

|     |   |    |   |
|-----|---|----|---|
| YES | 1 | NO | 2 |
|-----|---|----|---|

|                 |
|-----------------|
| If No Comments: |
|-----------------|

**SECTION D: COMMUNICATION**

1 How do you receive information about service delivery?

| Methods                     | Code |
|-----------------------------|------|
| Radio                       | 1    |
| Newspapers:                 | 2    |
| Notices in mail box at home | 3    |
| Ward Councillor             | 4    |
| Imbizo                      | 5    |
| Loud Hailing                | 6    |
| Bulk SMS                    | 7    |
| Other (please specify)      | 8    |
| .....                       |      |

2 Which method of communication do you prefer and why?

|           |
|-----------|
| Comments: |
|-----------|

3. Please rate to what extent the Municipality assists residents to participate in the budget hearings and community-based planning in your area?

|           |   |   |   |   |
|-----------|---|---|---|---|
|           |   |   |   |   |
| 1         | 2 | 3 | 4 | 5 |
| Comments: |   |   |   |   |

4. Have you been involved in any area consultative process (eg: Integrated Development Plan, Ward Committees, Ward Meetings convened by Ward Councillor) during the past 12 months?

|     |   |    |   |
|-----|---|----|---|
| YES | 1 | NO | 2 |
|-----|---|----|---|

If Yes do you benefit from that process?

## SECTION E: LOCAL ECONOMIC DEVELOPMENT

1. Are you aware of any Local Economic Development Programmes within your area?

|     |   |    |   |
|-----|---|----|---|
| YES | 1 | NO | 2 |
|-----|---|----|---|

2. If YES, what economic benefits are derived from the programme?

Comments:

3. Which areas need to be improved when the government create an enabling environment for economic development to thrive within your locality?

Comments:

**INTERVIEWER INFORMATION**

|                           |  |                         |  |
|---------------------------|--|-------------------------|--|
| <b>Name &amp; Surname</b> |  | <b>Telephone number</b> |  |
|---------------------------|--|-------------------------|--|

I, the interviewer, was fully briefed by the coordinator regarding the survey, I worked through the questionnaire and fully understand the interview process. I conducted the interview and checked if all questions were answered.

Signature: ..... Date: .....

**COORDINATOR INFORMATION**

|                           |  |                         |  |
|---------------------------|--|-------------------------|--|
| <b>Name &amp; Surname</b> |  | <b>Telephone number</b> |  |
|---------------------------|--|-------------------------|--|

I, the coordinator fully briefed all interviewers and made sure that they understood the interview process. I also checked the questionnaire and made sure that all questions have been answered satisfactorily

Signature: ..... Date: .....

**RESPONDENT INFORMATION (OPTIONAL)**

|                           |  |
|---------------------------|--|
| <b>Name of respondent</b> |  |
| <b>Household Address</b>  |  |
| <b>Ward</b>               |  |
| <b>Telephone Number</b>   |  |

**Thank you for participating in the Customer Satisfaction Survey**