

## **Client Advice Survey**

Thank you for completing this short survey. Your answers will help us improve our advice services. All responses are anonymous – please DO NOT write your name on this form. Please answer based on your experience since receiving advice from us.

1. What was the main problem o	or issue yo	u needed advice about?				
Pension Credit Personal Independence Payme Universal Credit Housing problems Debt or money management Health or disability services Employment issues Access to community services Other (please specify)  2. Since receiving advice, have y support?		ed any new benefits or financial				
Yes	No 🗌	Not Relevant				
3. Since receiving advice, have you received a financial backpayment or lump sum?						
Yes 🗌	No 🗌	Not Relevant				
4. Has your main problem been resolved or improved?						
Yes 🗌	No 🗌	Not Relevant				



5. Did the advice you received help prevent the problem from getting worse?					
Yes No Not Relevant					
6. Since receiving advice, how confident do you feel managing your daily living costs?					
Very confident					
7. Since receiving advice, how would you rate your overall well-being?					
Much improved Somewhat improved No change Worse					
8. How confident are you now in knowing your rights and options?					
Very confident					
9. Were you supported to access services you were entitled to (e.g., housing, benefits)?					
Yes No Not Relevant					
10. How clearly do you now feel able to explain your needs to services?					
Very clearly Somewhat clearly Not very clearly Not at all clearly					
11. Have you become more confident in dealing with services or organisations?					
Yes No No					
12. How often do you now feel isolated or lonely?					
Rarely/Never Sometimes Often Always					

13. Have you taken any steps independently to deal with your situation after advice?
Yes No No
14. Since receiving advice, have you accessed any health or mental health services?
Yes No No
15. How confident are you that you know where to go for help in the future if needed?
Very confident
16. Overall, how satisfied are you with the advice service you received?
Very satisfied  Somewhat satisfied  Dissatisfied  Very dissatisfied

## About you

What is your age group?	What is	your gender?		Do you consider yourself to have	
Under 18	Male		a disabiltiy ?		
18-24	Female		Yes		
25-34	Non-bir	narv 🗀	No		
35-44		ot to say	Prefer not to say		
45-54		, Ш		<u>—</u>	
55-64					
65-74					
75+					
What is your current living s	ituation?	How do you des	cribe your ethnicity?		
Own Home		White			
Rented Home			Scottish, Northern Irish or	British	
Temporary Housing		Irish			
Homeless/Sofa Surfing		Gypsy or Irish Tr	aveller		
Supported Accomodation		Roma	bookground (write in)		
Other (Please Specify)		=	background (write in)		
		Mixed or Multiple ethnic groups White and Black Caribbean			
		White and Black African			
		White and Asian			
		Any other Mixed	or Multiple background	(write in)	
		Asian or Asian British			
		Indian			
		Pakistani			
		Bangladeshi			
		Chinese			
		•	background (write in)		
		Black, Black British, Caribbean or African			
		Caribbean			
		African			
		Any other Black, Black British or Caribbean background (write in)			
		Other ethnic gr	oup		
		Arab			
		Any other ethnic	group (write in)		