

SENTINOR SERVICE EVALUATION QUESTIONNAIRE



Please tick box that applies to you:

1. PROJECT OVERVIEW

	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Poor</i>
1) Understanding of your requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Speed of response to queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Accessibility of contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Clarity of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Proactive in making suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Meeting timescales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Being kept informed of problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Ability to be flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Quality of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Outcomes met with agreed specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. OVERALL RATINGS

	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Poor</i>
1) Value for money of our service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Quality of our service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend our service? **Yes** **No**

Please add further comments, or suggest the one change that would have the biggest impact in improving our service for you?

Please tick box if you do not want your comments to be used for promotional purposes

Your Name: _____

Project Name: _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE