



Armed Forces Emergency Services

The American Red Cross is interested in learning about your experience in sending an emergency communication message. One member of your household should answer this questionnaire on behalf of all affected parties. Please help us by answering the following questions.

Questions marked with an asterisk (*) are required.

1. *Please enter the survey code given when you were invited to complete this survey:

SERVICE QUALITY QUESTIONNAIRE **GENERAL INFORMATION**

2. How did you first learn about this Red Cross service? (SELECT ONLY ONE)

- On Site (Red Cross worker)
- Military authorities
- Through a friend/family member
- Printed material, letters/posters
- Red Cross presentation such as “Get To Know Us Before You Need Us”
- Other, please specify: _____

3. Which of the following explains why you called the Red Cross (SELECT ALL THAT APPLY)

- Only way to reach service member quickly
- Needed service member to come home due to a family emergency
- Wanted to be sure someone would be there to talk with service member
- Another reason (Please explain): _____

4. Beyond sending the message, did the Red Cross help your family in any of the following ways? (SELECT ALL THAT APPLY)

- Confirmation of emergency situation to grant emergency leave
- Access to financial assistance
- Help with service member’s travel plans
- Counseling
- Information about other agencies that can help
- Other (Please explain): _____

5. In what additional way could we have helped you?

6. ABOUT THE SERVICE YOU RECEIVED

After initially contacting the Red Cross, how long did it take before a Red Cross caseworker spoke with you?

- 1 hour or less
- 1 to 2 hours
- 2 hours or more

7. Approximately how long did it take for the message to be delivered to the service member?

- Less than 4 hours
- 4 to 8 hours
- 8 to 12 hours
- 12 to 24 hours
- More than 24 hours
- Don't know

8. Was the content of the message delivered accurately?

- Yes No

If no, please explain:

9. Thinking about your experience with this Red Cross service, on a scale from 1 to 6 (with 1 being extremely poor and 6 being excellent), please rate each of the following:

6	5	4	3	2	1	Does Not Apply
Excellent	Good	Above Average	Below Average	Poor	Extremely Poor	

Ease of contacting Red Cross.

6	5	4	3	2	1	Does Not Apply
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Helpfulness of Red Cross worker.

6	5	4	3	2	1	Does Not Apply
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Red Cross worker's knowledge.

6	5	4	3	2	1	Does Not Apply
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Timeliness of message delivery.

6	5	4	3	2	1	Does Not Apply
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Updates on the status of the message.

6	5	4	3	2	1	Does Not Apply
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Overall satisfaction with this Red Cross service.

6	5	4	3	2	1	Does Not Apply
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10. Select the number that best represents how you feel about the assistance you received from the Red Cross.

6	5	4	3	2	1	Don't Know
Strongly Agree	Agree	Tend to Agree	Tend to Disagree	Disagree	Strongly Disagree	

These Red Cross services helped to make my family crisis less stressful.						
6	5	4	3	2	1	Don't Know
These Red Cross services helped us to deal with our family crisis more effectively.						
6	5	4	3	2	1	Don't Know
The Red Cross helped reunite our family members during this crisis.						
6	5	4	3	2	1	Don't Know

11. **ABOUT YOURSELF**

The Red Cross wants to know more about you and your specific needs to better tailor our programs and services to our communities. Please provide us with the following information:

Relationship to service member – You are his/her:

- Wife or Husband
- Son or Daughter
- Parent
- Grandparent
- Fiancé or Fiancée
- Brother or Sister
- Other, please specify: _____

12. Service member's military status:

- Active duty
- Reserve
- National Guard

13. Branch of Service:

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- DOD Civilian

14. You are:

- Male
- Female

15. You consider yourself to be: (SELECT ONLY ONE)
- Hispanic or Latino (of any race)
 - White (Not Hispanic or Latino)
 - Black or African American (Not Hispanic or Latino)
 - Asian (Not Hispanic or Latino)
 - Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
 - American Indian or Alaska Native (Not Hispanic or Latino)
 - Two or more races (Not Hispanic or Latino)
- Other, please specify: _____

16. Your home Zip Code: _____

17. For local chapter questions from your survey invitation: