



**Questionnaire on Public Satisfaction Level by the Social Welfare Bureau  
(Only Use for The First Phase of Adoption Service --- Adoption Evaluation)**

Computer generated Code No. (To be filled by SWB)

Date of Filling-in: \_\_\_\_\_Year\_\_\_\_Month\_\_\_\_Day

As to upgrade our service quality, we hope to collect you / and your spouse's valuable opinions on the Adoption Service provided by SWB via this anonymous questionnaire survey. Upon completion of filling in the questionnaire, please deliver it directly to the divisional chief in concern for its processing.

As you / and your spouse has completed the first phase of "Adoption Service" --- Adoption Evaluation, please kindly advice on this phase of related service. All collected data only serve as references for laying down the criteria for improvement of our performance indicators and will not interfere with you / and your spouse's "Application for Adoption". Thank you very much for your/ and your spouse's support. We are committed to continual improvement and optimization of our public services' quality.

- In what manner that you / and your spouse get to know about the adoption services provided by SWB? (check all applicable):
  - <sub>1</sub>Public Information Center and public services alike    <sub>2</sub> Mass Media (newspaper/TV/Radio)
  - <sub>3</sub>family members/friends    <sub>4</sub>SWB service introduction (website, leaflet etc)
  - <sub>5</sub>Social Welfare Groups    <sub>6</sub>Social Service Facilities
  - <sub>99</sub>Others \_\_\_\_\_
- Which types of adoption services that you / and your spouse proceed? : <sub>1</sub> Adoption of minor arranged by SWB  
<sub>2</sub> Adoption of minor chosen by you/and your spouse    <sub>3</sub> Adoption of minor from Mainland China

Based on your/and your spouse's latest personal experience in this phase of adoption service processing at our Division, please tick ("✓") as appropriate to indicate your/and your spouse's comment and supplement it with opinions written down in the "Opinion" check box.

**5=Very Satisfied/Clear                      4=Satisfied/Clear                      3=Fair**  
**2=Dissatisfied/ Unclear                      1=Very Dissatisfied/ Unclear                      0=No Comment**

Your / and Your Spouse's Opinions on:

<b>Level of Public Convenience of Provided Services</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
3. Ease of accessibility of our Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Level of convenience in making contact with our Division (via telephone, fax, email, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Office hours of the services provided by our Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The waiting time involved for services offered by our Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Level of convenience in requiring information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Services rendered by Staff</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
8. Sincereness and politeness of the working staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Voluntariness and initiative-taking of working staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Appropriateness and punctuality on inquiry replied by working staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Professional knowledge and sound communication skills of working staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Clarity of the explanations given by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Clarity of the explanation of the content of "Declaration of Application for Adoption" by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Clarity on details of documents listed for submission by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Environment and Facilities</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
15. Level of comfortability towards the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Conditions of ancillary facilities for public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(e.g.: space layout of the facilities, air-conditioning, corridor, toilet, signage, lighting equipments, etc)

**Comment on Adoption Services**

**5 4 3 2 1 0**

17. The overall quality of the adoption services

**On Performance Pledge**

**5 4 3 2 1 0**

18. Are you aware that performance indicators have been laid down on adoption services

19. Your level of satisfaction on the performance indicators about adoption services

Should you choose dissatisfied/very dissatisfied, please specify the item code and respective reason for your choice:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**Other Particulars and Opinions**

- 20. Age (Male applicant) : [ ]1 under 25 [ ]2 25-29 [ ]3 30-34 [ ]4 35-39 [ ]5 40-44 [ ]6 45-49 [ ]7 50-54 [ ]8 55-59 [ ]9 60 or above
- 21. Age (Female applicant) : [ ]1 under 25 [ ]2 25-29 [ ]3 30-34 [ ]4 35-39 [ ]5 40-44 [ ]6 45-49 [ ]7 50-54 [ ]8 55-59 [ ]9 60 or above
- 22. Academic background (Male applicant) : [ ]1 Unavailable [ ]2 Primary education [ ]3 Secondary education [ ]4 Tertiary education [ ]5 University or above [ ]6 Others: \_\_\_\_\_
- 23. Academic background(Female applicant) : [ ]1 Unavailable [ ]2 Primary education [ ]3 Secondary education [ ]4 Tertiary education [ ]5 University or above [ ]6 Others: \_\_\_\_\_
- 24. Marital status (Male applicant): [ ]1 Single [ ]2 Married [ ]3 Cohabited [ ]4 Divorced [ ]5 Remarried [ ]6 Others: \_\_\_\_\_
- 25. Marital status (Female applicant): [ ]1 Single [ ]2 Married [ ]3 Cohabited [ ]4 Divorced [ ]5 Remarried [ ]6 Others: \_\_\_\_\_
- 26. Occupation (Male applicant): \_\_\_\_\_
- 27. Occupation (Female applicant): \_\_\_\_\_
- 28. Other Opinions: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Remarks: Should you / and your spouse have any suggestions, complaints, objections or appreciations towards the services offered by SWB, please feel free to express them via our Service Optimization Hotline: 28358818; or send them to us through our website: http://www.ias.gov.mo or e-mail: dep@ias.gov.mo; directly call or require meeting with Head of our Division (Tel: 8399 7703), or directly send a letter addressed to the Director of SWB. All opinions collected from the sources above will be followed up directly by Optimization Services Committee which is managed by SWB Director.

~ End ~

Thank you for your cooperation & Wish you all the happiness!