



澳門特別行政區政府  
社會工作局  
GOVERNO DA RAEM  
INSTITUTO DE ACÇÃO SOCIAL

## Questionnaire on Public Satisfaction Level by the Social Welfare Bureau (Only for use by the DLFES)

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

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

As to upgrade our service quality, we are here to collect your organization's opinions on the public services offered by the Social Facilities Licensing and Inspection Division (hereafter referred as **DLFES**) during this year via this anonymous questionnaire survey. All collected data only serve as references for laying down the criteria for improvement of our performance indicators. Thank you very much for your support. We are committed to continual improvement and optimization of our public services' quality.

Please tick ("✓") as appropriate to indicate your 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 organization's opinions about the **DLFES**:

(Please specify your ideas)

**Level of Public Convenience of Provided Services**

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	
1. Ease of accessibility of the <b>DLFES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
2. Level of convenience in making contact with the <b>DLFES</b> (via telephone, fax, email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
3. Office hours of the services provided by the <b>DLFES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
4. Duration of waiting time between the application for and provision of service(s) by the <b>DLFES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

**Services rendered by Staff**

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	
5. Serving attitude of the working staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
6. Proactiveness and initiative-taking of working staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
7. Professional level of working staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

**Environment and Facilities**

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	
8. Level of comfortability towards the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
9. Conditions of ancillary facilities for public e.g.: space layout of the Centre, air-conditioning, corridor, toilet, signage, lighting facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

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

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(Please specify your ideas)

<b>Comment on Services of DLFES</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	
10. The overall service quality of the <b>DLFES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
11. Level of user friendliness, convenience and clarity of formalities and procedures for service-application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
12. Level of user friendliness and convenience in service provision and clarity of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

<b>On Performance Pledge</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	
13. Are you aware that the <b>DLFES</b> has already laid down performance indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
14. Your level of satisfaction on the performance indicators set by the <b>DLFES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
15. The coverage of performance pledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

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

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<b>On Licensing Service</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	
16. Consultations made on licensing service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
17. Inspections or visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
18. Renewal of license/permit for provisional operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
19. License application for setting up social service-oriented facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
20. Request for making changes to the content of the license/change of licensee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
21. Application for re-issuance of license due to loss or damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
22. Request for technical opinions in relation to the choice of location for setting up social service-oriented facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
23. Being fair and just in dealing with complaints by <b>DLFES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
24. Adopt a serious attitude in handling complaints by <b>DLFES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

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

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**Overall Comments on the DLFES's performance**

	5	4	3	2	1	0
25. Overall level of satisfaction towards services offered by the DLFES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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26. Other relevant opinions or suggestions in favor of the DLFES's improvement

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**Opinions on additional service(s)**

27. Aside from the currently available services, what is/are the kind(s) of additional service(s) that your organization wishes the DLFES to provide?

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Though this is an anonymous questionnaire survey, but we would appreciate if you indicate the nature/type of your organization by referring to the list as shown below. This will facilitate the DLFES in making data analysis and follow-ups in favor of service improvement.

- 1. Nursery
- 2. Residential homes for children and youth
- 3. Social Centre for Elderly (provided with recreational activities)
- 4. Day Centre for Elderly /Day Care Centre for Elderly (provided with recreations and care service)
- 5. Residential Homes for Elderly / Care and Attention Homes for Elderly/Residential Care Home for Elderly
- 6. Rehabilitation Day Centre /Education Centre/Pre-school Educational Centre / Sheltered Workshop /Vocational Training Centre/Employment Support Centre/ Integrated Service Centre
- 7. Rehabilitation Home
- 8. Community Centre/Family Service Centre
- 9. Organization dedicated to prevention and treatment for drug dependence
- 10. Refuge Centre / Temporary Shelter

*Should you 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](mailto:dep@ias.gov.mo); or directly send a letter addressed to the Director of SWB at the following address: Director's Office, No. 6, Estrada do Cemitério, Macau*