







Advance Housing Customer Survey 2024





Please tick 1 answer for each question

	Very satisfied 	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied 
1. Taking everything into account, how satisfied or dissatisfied are you with the service provided by Advance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Overall how satisfied are you with the quality of your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	10	9	8	7	6	5	4	3	2	1	0 
3. How likely would you be to recommend our services to someone else if they needed them? From 0 to 10, where 0 is not likely and 10 is very likely?	 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes 	No 
4. Has Advance carried out a repair to your home in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

	Very satisfied 	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied 
5. If yes, How satisfied or dissatisfied are you with the overall repairs service from Advance over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If yes, How satisfied or dissatisfied are you with the time taken to complete your most recent repair after you reported it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How satisfied or dissatisfied are you that Advance provides a home that is well maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	I don't know
8. Thinking about the condition of the property or building you live in, how satisfied or dissatisfied are you that Advance provides a home that is safe?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. If you have contacted Customer Services in the last year, how satisfied were you with the help that you got?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How satisfied or dissatisfied are you that Advance listens to your views and acts upon them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How satisfied or dissatisfied are you that Advance keeps you informed about things that matter to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
12. To what extent do you agree or disagree with the following "Advance treats me fairly and with respect"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				Yes	No	
13. Have you made a complaint to Advance in the last 12 months?				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
14. If yes , How satisfied or dissatisfied are you with Advance's approach to complaints handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	Yes	No
15. Do you live in a building with communal areas, either inside or outside, that Advance is responsible for maintaining?	<input type="checkbox"/>	<input type="checkbox"/>

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
16. If yes , How satisfied or dissatisfied are you that Advance keeps these communal areas clean and well maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	I don't know
17. How satisfied or dissatisfied are you that Advance makes a positive contribution to your neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anti-social behaviour is when somebody acts in a way that makes you feel upset or unsafe, or when they cause damage.

18. How satisfied or dissatisfied are you with Advance's approach to handling anti-social behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19. Which city or county do you live in?.....

20. Is there anything else you would like to say about Advance?

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About you section:

Please complete the section below to tell us more about you

My age 18-24 25-34 35-44 45-54 55-64 65 and over

☐ ☐ ☐ ☐ ☐ ☐

My ethnic origin

Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	White Scot	<input type="checkbox"/>	Any other	<input type="checkbox"/>
Black Carribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White Welsh	<input type="checkbox"/>	Aisan Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White English	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

My gender as registered at birth

Female ☐ Male ☐ Other ☐ Prefer not to say ☐

Do you identify as transgender

Yes ☐ No ☐ Prefer not to say ☐

My sexual orientation

Bisexual ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Other ☐ Prefer not to say ☐

My marital status

Married/Civil Partnership	<input type="checkbox"/>	Single	<input type="checkbox"/>	Other	<input type="checkbox"/>
Divorced/Dissolved Civil Partnership	<input type="checkbox"/>	Seperated	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>	Widowed	<input type="checkbox"/>		

Do you consider your self to have a disability

Yes ☐ No ☐ Prefer not to say ☐

If yes, please select disability type (s)

Hearing impairment	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Mental health issue	<input type="checkbox"/>
Mobility/physical	<input type="checkbox"/>	Speech impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Other	<input type="checkbox"/>				