

**NAVY FAMILY HOUSING**  
**NAS KEFLAVIK ICELAND**

**SELF-HELP SATISFACTION FORM**

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(OPTIONAL)

PLEASE ANSWER THE FOLLOWING QUESTIONS ON THE SUPPORT, RESPONSE AND SERVICE YOU RECEIVED FROM THE SELF-HELP STORE. CIRCLE YOUR RESPONSE USING THE SCALE OF ONE TO FIVE WITH **ONE BEING POOR, THREE SATISFACTORY AND FIVE IS EXCELLENT.**

1. WAS THE SELF-HELP STAFF HELPFUL?

1    2    3    4    5

2. HOW WOULD YOU RATE OUR CURRENT STOCK OF MATERIAL?

1    2    3    4    5

3. HOW WOULD YOU RATE THE KNOWLEDGE OF THE SELF-HELP STAFF?

1    2    3    4    5

4. PLEASE RATE THE OVERALL QUALITY OF THE SELF-HELP STORE.

1    2    3    4    5

5. IS THERE AN ITEM THAT SHOULD BE ADDED TO THE INVENTORY?

**YES**

**NO**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

6. ARE THE OPENING HOURS OF THE SELF-HELP STORE CONVENIENT FOR YOU?

**YES**

**NO**

IF NOT WHAT HOURS WOULD BE BETTER \_\_\_\_\_

7. PLEASE PROVIDE ANY RECOMMENDATION / SUGGESTION, WHICH WILL HELP THE HOUSING OFFICE PROVIDE BETTER SERVICE FOR FUTURE USERS. (USE OTHER SIDE IF REQ.)

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