EXPERIENCE OF SERVICE QUESTIONNAIRE

Day services (12-18)

Please think about the appointments you have had at this service or clinic.

For each item, please tick the box that best describes what **you** think or feel (e.g. ☑)

	Certainly True	Partly True	Not True	Don't know	
I feel that the people who saw me listened to me	❑	❑	❑	?	1
It was easy to talk to the people who saw me	❑	❑	❑	?	2
I was treated well by the people who saw me	❑	❑	❑	?	3
My views and worries were taken seriously	❑	❑	❑	?	4
I feel the people here know how to help me	❑	❑	❑	?	5
I have been given enough explanation about the help available here	❑	❑	❑	?	6
I feel that the people who have seen me are working together to help me	❑	❑	❑	?	7
The facilities here are comfortable (e.g. waiting area)	❑	❑	❑	?	8
My appointments are usually at a convenient time (e.g. don't interfere with school, clubs, college, work)	❑	❑	❑	?	9
It is quite easy to get to the place where I have my appointments	❑	❑	❑	?	10
If a friend needed this sort of help, I would suggest to them to come here	❑	❑	❑	?	11
Overall, the help I have received here is good	❑	❑	❑	?	12

PLEASE TURN OVER...

What was really good about your care? 13

Was there anything you didn't like or anything that needs improving? 14

Is there anything else you want to tell us about the service you received? 15

If you don't want to take part, please tick this box ❑ and return the blank questionnaire in the envelope provided.

THANK YOU FOR YOUR HELP

Now place this form in the envelope provided and put it in the box marked CHI in the reception

For administration purposes

Trust: _____

Service: _____ Code: _____

Tier: _____ DB No: _____