

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

PLEASE TURN OVER...

What was really good about your care?

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

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

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I am _____ years old	I am:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
I consider myself:	White <input type="checkbox"/>	Black or Black British <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>
	Mixed <input type="checkbox"/>	Other <input type="checkbox"/>	
Are you registered disabled (e.g. hearing impaired)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

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: _____