

# EXPERIENCE OF SERVICE QUESTIONNAIRE



## Day services (9-11)

What do you think about coming to this service or clinic.

For each item, please circle the answer that is closest to what you think

|   |                |               |                |            |    |
|---|----------------|---------------|----------------|------------|----|
| Did the people who saw you listen to you?                                 | Yes            | Only a little | Not really     | Don't Know | 1  |
| Was it easy to talk to the people who saw you?                            | Yes            | Only a little | Not really     | Don't Know | 2  |
| How were you treated by the people who saw you?                           | Very well      | Ok            | Not very well  | Don't Know | 3  |
| Were your views and worries taken seriously?                              | Yes            | Only a little | Not really     | Don't Know | 4  |
| Do you feel that the people here know how to help you?                    | Yes            | A little      | Not really     | Don't Know | 5  |
| Were you given enough explanation about the help available here?          | Yes            | Only a little | Not really     | Don't Know | 6  |
| Do you feel that the people here are working together to help you?        | Yes            | Only a little | Not really     | Don't Know | 7  |
| The facilities here (like the waiting area) are                           | Comfortable    | Ok            | Uncomfortable  | Don't Know | 8  |
| The time of my appointments was   | Convenient     | Ok            | Not convenient | Don't Know | 9  |
| The place where I had my appointments was                                 | Easy to get to | Ok to get to  | Hard to get to | Don't Know | 10 |
| If a friend needed this sort of help, do you think they should come here? | Yes            | Maybe         | Not really     | Don't Know | 11 |
| Has the help you got here been good?                                      | Yes            | Only a little | Not really     | Don't Know | 12 |

NOW 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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THANKS FOR HELPING US

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: _____ |