|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Start Date Interviews | |  | Finish Date of Interviews |  | Number of Participants Interviewed |  |
| **No** | **Questions** | | | | **% Not met\*** | **%Partially met** | **%Met** | **%Exceeded expectations** | **Comments** |
| 1 | I felt I was treated with dignity and respect | | | |  |  |  |  |  |
| 2 | I felt my privacy and confidentiality was respected | | | |  |  |  |  |  |
| 3 | I was involved in setting the goals that were relevant to me / my child | | | |  |  |  |  |  |
| 4 | I was involved in planning my/participant’s services e.g. timing of appointments | | | |  |  |  |  |  |
| 5 | The services helped me / participant achieve goals | | | |  |  |  |  |  |
| 6 | I feel I could comfortably voice a concern or make a complaint | | | |  |  |  |  |  |
| 7 | Overall how satisfied were you with the quality of the services provided | | | |  |  |  |  |  |
| **No** | **Questions** | | | | **% Strongly disagree** | **% Disagree** | **% Agree** | **% Strongly agree** | **Comments** |
| 8 | Would you use our services again if required | | | |  |  |  |  |  |
| 9 | What do you like most about our services | | | |  |  |  |  |  |
| 10 | Are there areas in which we could improve | | | |  |  |  |  |  |
| Other Comments: | | | | |  | | | | |

\* If only doing 10 surveys, numbers rather than % maybe more appropriate.