|  |  |  |  |
| --- | --- | --- | --- |
| Interviewee |  | Date of Interview |  |
| Participant Name |  | How long has the Participant used XXX services |  | Person Interviewed |  |
| Age |  | How often has the Participant used XXX services |  | Relationship to Participant (if applic) |  |
| Funding Source |  |  | Phone No |  |
| **No** | **Questions** | **Did Not Meet Expectations** | **Partially Met Expectations** | **Met Expectations** | **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/participant |  |  |  |  |  |
| 4 | I was involved in planning my/participant’s services e.g. timing of appointments, place of appointments  |  |  |  |  |  |
| 5 | The services helped me/participant to achieve my goals |  |  |  |  |  |
| 6 | I felt safe when participating in the services provided to me by XXX |  |  |  |  |  |
| 7 | I felt I could comfortably voice a concern or make a complaint |  |  |  |  |  |
| 8 | Overall how satisfied were you with the quality of the services provided |  |  |  |  |  |
| **No** | **Questions** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Comments** |
| 9 | Would you use our services again if required |  |  |  |  |  |
| 10 | What do you like most about our services? |  |  |  |  |  |
| 11 | Are there areas in which we could improve? |  |  |  |  |  |
| Other Comments: |  |