Note: This form is designed to be used in conjunction with the Quality Improvement Activity Report (QIAR) form (see Quality Management Section). Complete the initial part of the QIAR and then collect your data. Once you have completed the audit, summarise the results below and complete the rest of the QIAR, including any actions required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.