|  |  |  |  |
| --- | --- | --- | --- |
| 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** | **Partially met** | **Met Expect’s** | **Exceeded expect’s** | **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: |  |