|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | |  | | | | | | | | |