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