

Delete as appropriate: Secondary / Tertiary care setting

Please note today's date: _____



EXPERIENCE OF SERVICE QUESTIONNAIRE

Day services (12-18)

Please think about the appointments you have had at this service or clinic.

For each item, please tick the box that best describes what **you** think or feel (e.g. ☒)

	Certainly True	Partly True	Not True	Don't know	
I feel that the people who saw me listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	1
It was easy to talk to the people who saw me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	2
I was treated well by the people who saw me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	3
My views and worries were taken seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	4
I feel the people here know how to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	5
I have been given enough explanation about the help available here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	6
I feel that the people who have seen me are working together to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	7
The facilities here are comfortable (e.g. waiting area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	8
My appointments are usually at a convenient time (e.g. don't interfere with school, clubs, college, work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	9
It is quite easy to get to the place where I have my appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	10
If a friend needed this sort of help, I would suggest to them to come here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	11
Overall, the help I have received here is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	12

PLEASE TURN OVER..

What was really good about your care?

13

Was there anything you didn't like or anything that needs improving?

14

Is there anything else you want to tell us about the service you received?

15

I am _____ years old

I am: Female ☐ Male ☐

I consider myself: White ☐ Black or Black British ☐ Asian or Asian British ☐

Mixed ☐ Other ☐

Are you registered disabled (e.g. hearing impaired)? No ☐ Yes ☐

If you don't want to take part, please tick this box ☐ and return the blank questionnaire in the envelope provided.

THANK YOU FOR YOUR HELP

Now place this form in the envelope provided and put it in the box marked CHI in the reception

For administration purposes

Trust: _____

Service: _____ Code: _____

Tier: _____ DB No: _____