EXPERIENCE OF SERVICE QUESTIONNAIRE

Day services (Parent or Carer)

Please think about the appointments you, your child and/or your family have had at this service or clinic.

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

	Certainly True	Partly True	Not True	Don't know	
I feel that the people who have seen my child listened to me	❑	❑	❑	?	1
It was easy to talk to the people who have seen my child	❑	❑	❑	?	2
I was treated well by the people who have seen my child	❑	❑	❑	?	3
My views and worries were taken seriously	❑	❑	❑	?	4
I feel the people here know how to help with the problem I came for	❑	❑	❑	?	5
I have been given enough explanation about the help available here	❑	❑	❑	?	6
I feel that the people who have seen my child are working together to help with the problem(s)	❑	❑	❑	?	7
The facilities here are comfortable (e.g. waiting area)	❑	❑	❑	?	8
The appointments are usually at a convenient time (e.g. don't interfere with work, school)	❑	❑	❑	?	9
It is quite easy to get to the place where the appointments are	❑	❑	❑	?	10
If a friend needed similar help, I would recommend that he or she come here	❑	❑	❑	?	11
Overall, the help I have received here is good	❑	❑	❑	?	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

Child's age: _____ Child's gender: Female ❑ Male ❑

Child's ethnicity: White ❑ Black/Black British ❑ Asian/Asian British ❑

Mixed ❑ Other ❑

Is your child 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: _____