

Participant Survey Form

Interviewee		Date of Interview				
Participant Name		How long has the Participant used ELIZABETH MACKNEY'S services		Person Interviewed		
Age		How often has the Participant used ELIZABETH MACKNEY'S 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:						