

SERVICE USER FEEDBACK

Please take five minutes to fill in this feedback form. We use the information to understand how to improve the work we do at QCIDD. Your comments will be anonymous – just put the form in the box in Reception, or fill it in later and post it to us in the envelope provided. If you would like someone to help you fill in this form, contact Lisa Bridle (QCIDD's clinical co-ordinator) who can arrange support/assistance. Ph: 3163 2524

ABOUT THE PERSON RECEIVING THE SERVICE – please mark with a cross “X” in the relevant box or write in the spaces

Age Male Female

ABOUT THE PERSON HELPING THEM

Are you:

a member of the service user's family?

a friend of the service user?

a paid support worker ?

Was this your first visit to QCIDD? Yes No

If not, approximately how long have you been using QCIDD services?.....

How did you find out about QCIDD?

.....

How long did you wait after contacting QCIDD to receive an appointment?

A. FOR THE QCIDD CLINIC PATIENT

If possible, please help the user of the service to indicate whether they agree or disagree with the following statements. If this isn't possible for them or they don't want to, please go on to Section B.

	Yes	No	Not Sure
1. The doctor listened to me.			
2. The people at QCIDD are friendly and helpful.			
3. The doctor talked to me and explained things to me clearly.			
4. Coming to QCIDD helps me take care of my health.			

B. FOR THE CARER AND SERVICE USER/ PERSON WITH A DISABILITY

In this section we're interested in feedback from both the service user and their carer/support person. We understand that the service user might be unable to respond to these questions but please take account of their feelings or responses in your answer where possible. Please show to what extent you agree with the statements below on a scale of 1 to 5. Putting "X" under 1 means you **disagree strongly** with the statement. Putting "X" under 5 means you **agree strongly with the statement**.

	Disagree			Agree		Not applicable	Don't know
	1	2	3	4	5		
1. It was easy to find out about QCIDD's services.							
2. I did not have to wait too long for an appointment.							
3. The QCIDD clinic is easy to get to.							
4. QCIDD staff makes me feel welcome.							
5. I could understand the information provided by QCIDD							
6. QCIDD informed me about my rights as a service user.							
7. My carer or support person and I can have a say in my health and treatment plans.							
8. QCIDD communicates well with other medical and support services relevant to me e.g. GP, other doctors, support workers/agencies.							
9. QCIDD respects my right to privacy and confidentiality.							
10. If I am unhappy about QCIDD's services, I know how to make a complaint.							
11. QCIDD staff members have a high level of knowledge about the issues I am facing.							
12. I found QCIDD's service very helpful.							
	1	2	3	4	5	Not applicable	Don't Know

Did the service provided by QCIDD meet your expectations? Yes No

If no, please explain why.

Is there anything else you would like QCIDD to be able to help you with in the future?

Please write any other comments here.