

Appendix 14: Client Feedback Form



Date:

Gender: Male Female Other

Age/ Birthdate:

Everyone who has been supported by our service is asked to fill out a feedback form to help us evaluate and improve the support we provide. You will be asked to complete this as part of an exit interview and then place it in an envelope for the manager to read. You may keep your answer anonymous if you like.

Please tick the appropriate box to answer the questions below.

1. How did you find your time with our service?

Difficult Not good Okay Good Very good

Comment:.....
.....

2. What did you think about the support you were given?

Not good Okay Good Very good

Comment:.....
.....

3. Were any of the rules that you had to follow...

Unnecessary Okay Necessary Not enough

Comment:.....
.....

4. Did you get the information that you needed to help you?

Not really Sometimes Mostly Always

Comment:.....
.....

5. Did you feel that your opinion was valued?

Not really Sometimes Mostly Always

Comment:.....
.....

6. Generally, how did you find our staff?

Helpful Not helpful enough Very understanding Not understanding

Comment:.....
.....

7. If you did any workshops or group sessions, were they...

Interesting Useful Not useful Okay Unnecessary

Comment:.....
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8. How do you think the service could generally be improved?

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9. Is there anything that you did not like about the support you received?

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10. What do you think you got out of your time with this service?

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Thank you! To submit your feedback send this filled form to lizzinna.ford@asyass.org.au or hand it into any ASYASS staff member.