

SERVICE CO-ORDINATION TEAM INFORMATION PACK FEEDBACK

You have been given an Information Pack from the Service Co-ordination Team containing our Service Standards, our service and complaints leaflet, other useful information plus our feedback questionnaire.

We would like to know what you think of the information supplied and would be pleased if you would complete this short questionnaire either on your own or with your worker.

Please rate each by ticking one box and providing any comments you wish to make in the box at the bottom of this sheet.

	Excellent	Good	Adequate	Unsatisfactory
Was the information clear and easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there enough information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it the right kind of information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the verbal information clear and easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate here anything that you would like further information on and your worker will try to get this for you.

Please Tick if you wish information on any of the following

- | | |
|--|---|
| <input type="checkbox"/> Alcohol
<input type="checkbox"/> Drug Issues (please state below)
<input type="checkbox"/> Welfare Rights
<input type="checkbox"/> Housing Information
<input type="checkbox"/> Stopping Smoking
<input type="checkbox"/> Other Services (Please list names) | <input type="checkbox"/> Health Issues (please state below)
<input type="checkbox"/> Problems with reading/numbers
<input type="checkbox"/> Residential Rehabilitation
<input type="checkbox"/> Service Coordination Team Newsletter
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
|--|---|

Any further comments you wish to make?