**Feedback Form**

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| --- | --- |
| **Today’s date** |  |
| **Your Name** |  |
| **Therapist’s name** |  |

**Thank you for answering these questions about the help you have had from Beacon House.**

**Your answers will be stored on your confidential file here and will be shared with your therapist.**

|  |  |  |
| --- | --- | --- |
| **1. I feel that the people who saw me listened to me** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **2. It was easy to talk to the people who saw me** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **3. I was treated well by the people who saw me** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **4. My views were taken seriously** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **5. I have been given enough information about the help available here** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **6. I feel that people here know how to help me** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **7. I feel that the people who have seen me are working together to help me** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **8. The facilities are comfortable (e.g. the waiting room and my therapy room)** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| **9. My appointments are usually at a convenient time** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **10. It is quite easy to get to the place where I have my appointments** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **11. If a friend needed this sort of help, I would suggest to them come here** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

|  |  |  |
| --- | --- | --- |
| **12. Overall, the help I have received here is good** | | |
| **Option** | **Mark with X** | **Any Comments?** |
| **Certainly true** |  |  |
| **Partly true** |  |  |
| **Not true** |  |  |
| **Don’t know** |  |  |

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| --- |
| **13. What was really good about coming to Beacon House?** |
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| --- |
| **14. Was there anything you didn’t like about coming to Beacon House?** |
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| --- |
| **15. Is there anything else you would like to tell us about coming to Beacon House?** |
|  |

If you would like a manager to contact you about your feedback please mark the box with an ‘X’:

|  |
| --- |
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