

[INSERT CARE PROVIDER HERE]

Name of service user: .....

Person completing survey: .....

Date: .....

**Now that you have been receiving care for a while, do you feel you have made the right choice?**

☐ Yes ☐ No

Additional comment:

.....

**Do you feel your quality of life is better?**

☐ Yes ☐ No

Additional comment:

.....

**Are you happy with the way you are treated by the staff?**

☐ Yes ☐ No

Additional comment:

.....

**Are you happy with the way the staff speak to you?**

☐ Yes ☐ No

Additional comment:

.....

**Do you feel your wishes are respected?**

☐ Yes ☐ No

Additional comment:

.....

[INSERT CARE PROVIDER HERE]

Name of service user: .....

Person completing survey: .....

Date: .....

**Do you know what a care plan is?** ☐ Yes ☐ No

Additional comment:  
.....  
.....

**Do you know if there is a care plan for you?** ☐ Yes ☐ No

Additional comment:  
.....  
.....

**Did you take part in putting this plan together?** ☐ Yes ☐ No

Additional comment:  
.....  
.....

**Did you know the care plan is regularly reviewed?** ☐ Yes ☐ No

Additional comment:  
.....  
.....

**Would you like a copy of your care plan?** ☐ Yes ☐ No

Additional comment:  
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