

[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:
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Do you feel your quality of life is better?

Yes No

Additional comment:
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Are you happy with the way you are treated by the staff?

Yes No

Additional comment:
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Are you happy with the way the staff speak to you?

Yes No

Additional comment:
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.....

Do you feel your wishes are respected?

Yes No

Additional comment:
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.....

[INSERT CARE PROVIDER HERE]

Name of service user:

Person completing survey:

Date:

Do you know what a care plan is? Yes No

Additional comment:
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Do you know if there is a care plan for you? Yes No

Additional comment:
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Did you take part in putting this plan together? Yes No

Additional comment:
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Did you know the care plan is regularly reviewed? Yes No

Additional comment:
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Would you like a copy of your care plan? Yes No

Additional comment:
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