

Service User/ Carer Feedback Form



Please fill out the form to help Support Elite at Home gain feedback on our staff and services. You can fill in this form anonymously if you prefer.

Name:	
Date:	

1. Do you know who to call if you had a question about your support?

Yes

No

2. Do you know who to call if you had a concern?

Yes

No

3. How happy are you with the support that you receive from Support Elite at Home?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments, please write them below.

4. Do you feel that we listen to you and support you in the way that you want to be supported?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered on the scale a 5 or less, please could you give information on how this could be improved?

5. Do you feel the staff understand your situation and the things going on in your life?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments, please write them below.

6. Do you feel the staff show respect for your background, identity and culture?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments, please write them below.

7. Do you feel the staff talk openly with you about taking risks and staying safe?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments, please write them below.

8. Do you feel that the staff have helped you get out in the community and find activities that you may enjoy?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments, please write them below.

9. Do you feel you are encouraged to make your own decisions?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments, please write them below.

10. Do you feel the staff explain things clearly and keep you informed about what was happening and why?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments, please write them below.

11. Do you feel you can ask questions and our staff are able to answer them properly?

Please use the scale below with 1 being very unhappy and 10 being very happy or circle a face which best shows how you feel.



Very Unhappy

Very Happy

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments, please write them below.

12. Has the support you receive from Support Elite at Home made a positive difference to you? If yes, how?

13. What do you think our staff do well?

14. What do you think our staff don't do so well at?

15. What else do you think we could do to improve?

16. Is there anything else that you would like to share about Support Elite at Home?

Thank you for taking the time to complete this form.

Your time and feedback are very much appreciated as it helps Support Elite at Home do the best job possible.