

Action for ASD Client Satisfaction Survey: Adult Services

We would appreciate it if you could spend a few minutes filling in this questionnaire. We would like to know how you feel about the services we provide so we can ensure we are meeting your needs. Your responses are directly responsible for improving these services.

All responses will be kept confidential and anonymous.

Please complete and return the questionnaire in the SAE provided.

Name: _____ (optional)

Which of the following services have you accessed? (Please tick all that apply)

- | | | | |
|------------------------------------|--------------------------|-----------------------------------|--------------------------|
| 1-2-1 support at the ARC | <input type="checkbox"/> | Counselling | <input type="checkbox"/> |
| Outreach support (support at home) | <input type="checkbox"/> | Help with benefits | <input type="checkbox"/> |
| Telephone support | <input type="checkbox"/> | Help with social care assessments | <input type="checkbox"/> |
| Social groups | <input type="checkbox"/> | Short courses held at the ARC | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Please state _____ | |

How satisfied were you with the registration process to access the adult services?

Extremely satisfied Very satisfied Not very satisfied Not satisfied at all

Do you feel the adult service was easy to access?

Yes No please state why _____

How helpful was the support you received? (please tick all that apply)

	Excellent	Good	Satisfactory	Poor
Given by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given face to face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given at meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With letters and/or reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did any of our staff make your experience particularly good? If so please let us know.

During your support session/s did the staff member/s make you feel:

Listened to? Yes [] No [] Respected? Yes [] No []

How would you rate the adult services team on the following elements:

Friendliness: Excellent [] Good [] Satisfactory [] Poor []

Listening skills: Excellent [] Good [] Satisfactory [] Poor []

Communication skills: Excellent [] Good [] Satisfactory [] Poor []

Advice given: Excellent [] Good [] Satisfactory [] Poor []

Do you feel that your confidentiality is respected and trust Action for ASD to hold your personal information securely? Yes [] No [] Unsure [] if you have ticked no or unsure, please leave your contact details so we can contact you to discuss this further.

If you have accessed the social groups please rate the following:

	Excellent	Good	Satisfactory	Poor
Venue	[]	[]	[]	[]
Activities	[]	[]	[]	[]
Staff	[]	[]	[]	[]
Please rate the groups	[]	[]	[]	[]

How would you rate the overall standard of the service you have received from Action for ASD?

Excellent [] Good [] Satisfactory [] Poor []

Would you recommend Action for ASD’s services?

Yes [] No [] Unsure []

Your thoughts and opinions are important to us. Please let us know what can we do to improve our services, venue and activities. You can also let us know what we are doing well too!

Thank you for taking the time to complete this questionnaire. Please return to the address below or email adults@actionasd.org.uk.