Service User Questionnaire

Service Type:	...optional
Your Full Name:	...optional
Your Email:	...optional

Questionnaire

Which group best describes you? Please circle if YES where appropriate.	
Frail Elderly	YES
Homeless Families with Support Needs	YES
Offenders or People at Risk of Offending	YES
Older People with Mental Health Problems or Dementia	YES
Older People with Support Needs	YES
People with Alcohol Problems	YES
People with Learning Disabilities	YES
People with Mental Health Problems	YES
People with a Physical or Sensory Disability	YES
Refugees	YES
Single Homeless People with Support Needs	YES
Teenage Parents	YES
Women at Risk of Domestic Violence	YES
Young People at Risk	YES

Please select a rating that you feel is appropriate. Please circle one answer per question.				
How easily did you get access to your service?	Great	Good	Fair	Poor
How do you rate the staff providing your service?	Great	Good	Fair	Poor
How suitable is the type of support you receive?	Great	Good	Fair	Poor
How do you rate the service overall?	Great	Good	Fair	Poor

Tell us about the good aspects of your service:

How could the service you have received be improved?

Are there any additional support services we could provide?

Is there anything else you would like to tell us about the service that you receive from OTCS?