

Service User Feedback Form

We want to find out what you think about our service so we can keep improving it.
Please complete this questionnaire to help us. You do not need to state your name;
your answers will be confidential.

On a scale 0-10 how would you rate the service you received from Drug Concern

v.poor **excellent**
0 1 2 3 4 5 6 7 8 9 10

Was the service easily accessible?

v difficult to access **easily accessible**
0 1 2 3 4 5 6 7 8 9 10

Did you feel supported throughout your sessions with Drug Concern?

Please explain.

Not at all **Extremely supported**
0 1 2 3 4 5 6 7 8 9 10

How well did the staff member listen to you and your concerns?

Not at all **Very well**
0 1 2 3 4 5 6 7 8 9 10

What were your expectations of the service and were these met?

What level of change have you experienced (either your drug use or your attitudes towards drug use) as a result of working with DC.

Not at all **Huge difference**
0 1 2 3 4 5 6 7 8 9 10

Have you accessed other services that have helped you with the same problems?
Which services?

If you answered yes to the above how helpful were these services?

Not at all											Very helpful
0	1	2	3	4	5	6	7	8	9	10	

Would this have happened without attending Drug Concern?

What were you not able to change and why?

Is there anything about Drug Concern that could be improved upon?

Who was your worker?

Is there anything else you would like to say?

Thank you.