

It is important to us to understand if our services are helpful to improving your wellbeing. Your feedback will help us improve our services for you and for other survivors.

Please be assured that this assessment will remain CONFIDENTIAL.

NAME
NAME

Please rate the following statements from 1 (strongly disagree) to 5 (strongly agree).		at all	Mostly							
			·							
		2	3	4	5					
In respect of my most recent contact with the service:										
1. I was listened to and understood?	0	0	0	0	0					
2. We worked on or talked about what I wanted to work on or talk about?	0	0	0	0	0					
3. The support I am receiving is helping to improve my wellbeing?	0	0	0	0	0					
4. I am likely to recommend this service to another survivor?	0	0	0	0	0					
5. I found it really easy to engage with this service	0	0	0	0	0					

Please record any suggestion to improve the service on the reverse side of this form

Looking back over the last two-three weeks, how well have you been doing in the following areas of your life?									
6. I have been able to make my own decisions?	0	0	0	0	0				
7. I have stronger relationships with my family/whanua?	0	0	0	0	0				
8. I have more supportive relationships with my workmates and friends	0	0	0	0	0				
9. My ability to cope with everyday life is improving?	0	0	0	0	0				
10.I feel that I have more direction or purpose in my life?		0	0	0	0				

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