

CORC ADAPTED PARENT EXPERIENCE OF SERVICE QUESTIONNAIRE

Please think about the appointments you, your child and/or your family have had at this service or clinic.

For each item, please tick the box that best describes what **you** think or feel about the service (e.g.).

	Certainly True	Partly True	Not True	Don't know	
I feel that the people here listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
It was easy to talk to the people here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
I was treated well by the people here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
My views and worries were taken seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
I feel the people here know how to help with the Problem(s) I came for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
I have been given enough explanation about the help available here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
I feel that the people here are working together to help with the problem(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
The facilities here are comfortable (e.g. waiting area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
The appointments are usually at a convenient time (e.g. don't interfere with work, school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
It is quite easy to get to the place where the appointments are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
If a friend needed similar help, I would recommend that he or she come here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
Overall, the help I have received here is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12

PLEASE TURN OVER...

What was really good about your care?

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Was there anything you didn't like or anything that needs improving?

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Is there anything else you want to tell us about the service you received?

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THANK YOU FOR YOUR HELP