Partners In Recovery
Goldfields-Midwest
Empowering your own recovery journey

360 health + community

Carer feedback form

What do you think?

The PIR consortium values the feedback about your experience with our Partners In Recovery (PIR) program. Your feedback will help us to continually improve the service we deliver.

Completing this survey is voluntary and will not alter the support you receive. All responses are confidential and will only be used for evaluation purposes.

After completing this feedback form please place it in the self-addressed envelope we have provided for you. Alternatively, you may choose to place your envelope in our secure feedback box at your local PIR service.

1. How were you and your client/relative referred to our service?

☐ Your carer ☐ Self ☐ Your doctor ☐ Mental health service ☐ Alcohol and other drug services

☐ Other (if other please describe) _____

2. How long have you and your client/relative been involved with the PIR program?

☐ Less than 3 months ☐ 3 months ☐ 6 months ☐ 1 year ☐ More than a year

3. During this time what services have you and your client/relative been linked into?

Select all that apply

Accommodation		Physical health & nutrition		Feeling safe around others		Looking after yourself	
Alcohol & other drugs		Relationships		Feeling safe at home		Child care	
Finances		Your benefit payments		Employment & volunteering		Cultural & spiritual	
Physical activities		Education		Distressed feelings		Mental health	
Transport		Other (if other please describe)					

Arafmi Mental Health Carers Arafmi (WA) Inc

BOICO

Hope Community Services
NURTURING HOPE & OPPORTUNITY

MISSION AUSTRALIA together we stand

4. Has having a Support Facilitator helped you and your client/relative to access these services and improved your day to day living?

☐ A lot of improvements ☐ A few improvements ☐ It's about the same ☐ Not many improvements ☐ No improvements at all

5. How would you describe the assistance of the Support Facilitator?

☐ Very good ☐ Good ☐ Satisfactory ☐ Poor ☐ Very poor

6. How useful was having an Action Plan for your client/relative?

☐ Very useful ☐ Useful ☐ Satisfactory ☐ Useless ☐ Very useless

7. Could you please describe how the Action Plan has helped your client/relative with their day to day living?

_____

_____

8. Did your client/relative achieve their personal goals and priorities?

☐ All goals met ☐ Some goals met ☐ Same ☐ Not all goals met ☐ No goals met

9. During this time what services have you and your client/relative been linked into? *Select all that apply*

Transport		Support letters		Personal goals		Appointments	
Filling in forms		Linking in with services		Advocate		Information about services	
Other (please describe)							

10. If you knew another carer was thinking of referring their client/relative to our service what would you say to them?

_____

_____

Name (optional): _____ **Anything else you would like to let us know?**

_____