

Client 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 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 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 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)		



4. Has having a Support Facilitator helped you 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 you?

- Very useful
 Useful
 Satisfactory
 Useless
 Very useless

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

8. Did you achieve your 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 been linked into? *Select all that apply*

Transport	<input type="checkbox"/>	Support letters	<input type="checkbox"/>	Personal goals	<input type="checkbox"/>	Appointments	<input type="checkbox"/>
Filling in forms	<input type="checkbox"/>	Linking in with services	<input type="checkbox"/>	Advocate	<input type="checkbox"/>	Information about services	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>						

10. If you could give a message to someone thinking about being involved with PIR what would it be?

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