**We would like your help so that we can plan for other families who have support from the Break Family Centre.**

**Please spend a few minutes answering these questions; it helps us learn what we do well and what we could do better.**

Date:

|  |  |  |
| --- | --- | --- |
| 1. | Were you given enough information about the sessions, what they were for and what would happen? | ☹ 😐 ☺  no maybe yes |
| 2. | Were you able to express your views? | ☹ 😐 ☺  no sometimes yes |
| 3. | Did you feel that you were listened to? | ☹ 😐 ☺  no sometimes yes |
| 4. | How do you feel you have been treated by the Break Family Centre? | ☹ 😐 ☺  not okay very  very well well |
| 5. | What words describe **your** experience of work with us? | |
|  | helpful uncomfortable fun too long effective difficult  useful calming right length safe anxiety-provoking  thought-provoking enjoyable challenging too short informative  worthwhile ineffective necessary | |
| 6. | What words describe **your child’s** experience of work with us? | |
|  | helpful fun uncomfortable difficult useful calming too long    safe scary I learned about myself too short challenging thoughtful right length | |
| 7. | What has helped most during your contact with the Break Family Centre? | |
|  |  | |
| 8. | What has been least helpful during your contact with the Break Family Centre? | |
|  |  | |
| 9. | As an organisation we value the opinions of our service users. Do you have any ideas about future services that we could offer? | |
|  |  | |
| 10. | Is there anything else you would like to say? Is there anything we could change to make our service better? | |
|  |  | |

Other things

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What did you think about… (please circle)  The room and the equipment?  Our location?  The waiting area (if you waited)?  The time of your sessions? | very bad | bad | okay | good | very good |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| Would you be interested in being part of a group that helps makes decisions about the work that we do?  If you say yes, we will get in touch with you about meeting up.  Name:  Phone number:  Email address: | ☹ 😐 ☺  no maybe yes | | | | |

Thank you very much for your help!