

Lomond & Argyll Advocacy Service



Are you happy with what we do?

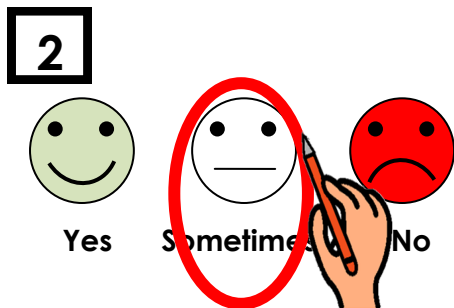
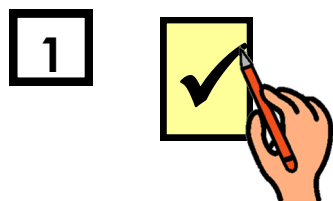


We want to make sure the help we give you is good.

Please help us improve what we do by answering the questions in this leaflet.

We will ask you questions about your **Advocate**.

This is the person who can go to meetings and speak for you.



Please answer the questions by:

1. Ticking a yellow box.

Or

2. Drawing a circle around the face and answer you pick.

1. How did you find out about us? (please tick a box)

Leaflet Poster Newspaper

Did somebody tell you about us?

Was it a: Nurse Doctor Social Worker

Family member Friend

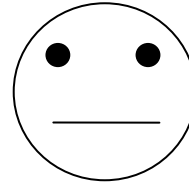
Did you find out another way? Tell us here _____

Please circle the face and answer you pick.

2. Was your advocate easy to talk to?



Yes

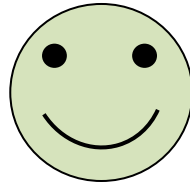


Sometimes

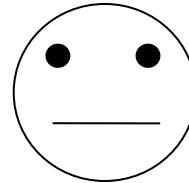


No

3. Did your advocate get you the information that you needed?



Yes

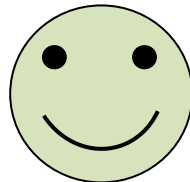


Sometimes

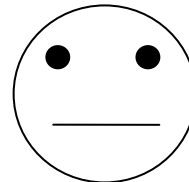


No

4. Did your advocate help you feel confident?



Yes

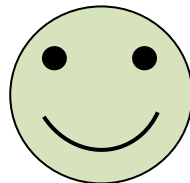


Sometimes

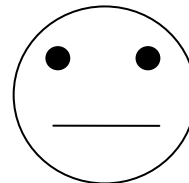


No

5. Did your advocate make sure that you were involved in decisions?



Yes

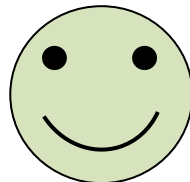


Sometimes

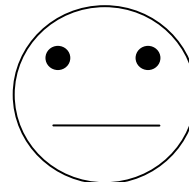


No

6. Was it easy to meet with and see your advocate?



Yes

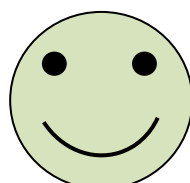


Sometimes

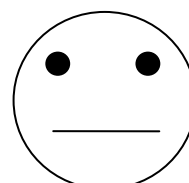


No

7. Was your advocate polite to you and did they treat you with respect?



Yes




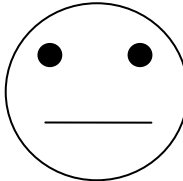

Sometimes



No

Please circle the face and answer you pick.


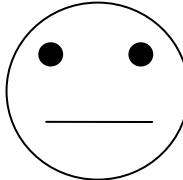

8. Were you happy working with your advocate?

| | | |
|---|---|---|
|  |  |  |
| Yes | Sometimes | No |

9. Were you happy with what your advocate had done when you finished working with them?

| | | |
|---|---|---|
|  |  |  |
| Yes | Sometimes | No |

10. Did your advocate explain what they do and how they help you?

| | | |
|--|--|--|
|  |  |  |
| Yes | Sometimes | No |

Where did you use the Advocacy Service? Please tick where.



- Clydebank
- Dumbarton / Vale of Leven
- Cowal and Bute
- Helensburgh / South East Argyll
- Kintyre
- Mid Argyll
- Oban and Lorne
- Argyll and Bute Hospital
- Vale of Leven Hospital
- Gartnavel Royal Hospital

Somewhere else _____

Do you want to tell us anything else? Write in the box below.
You can use another piece of paper if you want.

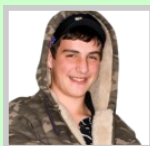


Are you: A person over 65 years old

A Mental Health Service User

Someone with a learning disability

How old are you?



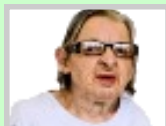
Between 18—24 years old



Between 25 — 40 years old



Between 41 — 65 years old



Over 65 years old

What you say given will be treated as **confidential**.
This means we will not tell other people your name.
Please return this form in the stamped addressed envelope
provided. **Thank you for taking time to help us.**

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