

**Please take a few moments to fill in this form.**

We want to make sure that the Service is as good as it can be. We would like to know what you think, and we will try to learn from this and to make any necessary improvements.

Information given will be treated as confidential and any comments that you may wish to make will remain anonymous.

Thank you for taking time to help us with your feedback. Please return this form in the stamped addressed envelope provided, along with any additional comments that you may wish to make.

**Thank you.**

We are very happy to hear anything else that you may wish to tell us about your experience of the Advocacy Service.

Telephone  
01389 726543

E-mail  
admin.argyll@laas.org.uk  
www.laas.org.uk

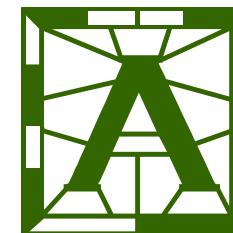
Please let us know where you used the Advocacy Service

- |                          |                          |
|--------------------------|--------------------------|
| CLYDEBANK                | <input type="checkbox"/> |
| DUMBARTON/VALE OF LEVEN  | <input type="checkbox"/> |
| COWAL & BUTE             | <input type="checkbox"/> |
| HELENSBURGH/SE ARGYLL    | <input type="checkbox"/> |
| KINTYRE                  | <input type="checkbox"/> |
| MID ARGYLL               | <input type="checkbox"/> |
| OBAN & LORN              | <input type="checkbox"/> |
| ARGYLL & BUTE HOSPITAL   | <input type="checkbox"/> |
| VALE OF LEVEN HOSPITAL   | <input type="checkbox"/> |
| GARTNAVAL ROYAL HOSPITAL | <input type="checkbox"/> |
| OTHER LOCATION           | <input type="checkbox"/> |

**LOMOND & ARGYLL  
ADVOCACY SERVICE**

*Were you  
satisfied with  
our Service?*

Please help us to improve by answering 10 quick questions



Lomond & Argyll  
Advocacy Service

**IF YOU WOULD PREFER AN EASY  
READ FORMAT PLEASE CALL US.**

Tel: 01389 726543

Please tick all the relevant boxes.

**1. How did you hear about the Advocacy Service?**

- LEAFLET  POSTER   
SOCIAL WORKER  WORD OF MOUTH   
NURSE  DOCTOR   
RELATIVE  FRIEND   
NEWSPAPER  OTHER

**2. Was your advocate easy to talk to?**

- ALWAYS  SOMETIMES  NEVER

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

- ALWAYS  SOMETIMES  NEVER

**4. Did your advocate help you to feel confident?**

- ALWAYS  SOMETIMES  NEVER

**5. Did your advocate ensure that you were involved in all decisions?**

- ALWAYS  SOMETIMES  NEVER

**6. Was it easy to see your advocate?**

- ALWAYS  SOMETIMES  NEVER

**7. Were you happy working with your advocate?**

- ALWAYS  SOMETIMES  NEVER

**8. Did your advocate treat you with respect?**

- ALWAYS  SOMETIMES  NEVER

**9. Were you happy with the results of working with your advocate?**

- YES  PARTLY  NO

**10. Did your advocate explain their job to you?**

- YES  NO

**Which of these best describes you?**

- PERSON OVER 65   
MENTAL HEALTH SERVICE USER   
SOMEONE WITH LEARNING DISABILITY

**Which age range do you fit into?**

- 18–24   
25-40   
41-65   
OVER 65

If you would like to give us your name & contact details, please do so here.

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Please see over....