

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

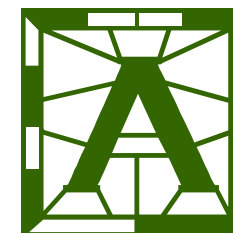
Please let us know where you used the Advocacy Service

- | | |
|--------------------------|--------------------------|
| 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 leave a comment please do so below:

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

Please see over....