

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

Tel: 01389 726543

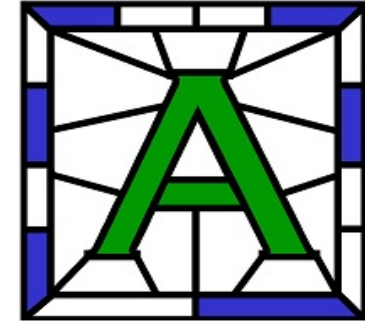
**E-mail:
admin@laas.org.uk**

www.laas.org.uk

Please let us know where you used the Advocacy Service:

- BUTE**
COWAL
HELENSBURGH/SE ARGYLL
KINTYRE
OTHER
LOCATION

Were you satisfied with our Service?



**Lomond & Argyll
Advocacy Service**

**Recovery Advocacy
Project**

Please help us to improve by completing our questionnaire

An easy read format is available

Tel: 01389 726543

Please tick all the relevant boxes.

1. How did you hear about the Advocacy Service?

- | | | | |
|-----------------|--------------------------|----------------|--------------------------|
| Leaflet | <input type="checkbox"/> | Poster | <input type="checkbox"/> |
| Social Worker | <input type="checkbox"/> | GPs | <input type="checkbox"/> |
| We are With You | <input type="checkbox"/> | ABAT | <input type="checkbox"/> |
| Family | <input type="checkbox"/> | Friend | <input type="checkbox"/> |
| Newspaper | <input type="checkbox"/> | Recovery Group | <input type="checkbox"/> |
| Other Groups | <input type="checkbox"/> | Other | <input type="checkbox"/> |

2. Did your advocate explain their job to you?

- | | | |
|--------------------------|--------------------------|--------------------------|
| Always | Sometimes | Never |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Did the Peer Advocate support you to feel safe and secure to discuss your recovery?

- | | | |
|--------------------------|--------------------------|--------------------------|
| Always | Sometimes | Never |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Was your advocate easy to talk to?

- | | | |
|--------------------------|--------------------------|--------------------------|
| Always | Sometimes | Never |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Did your advocate help you to get the information that you needed?

- | | | |
|--------------------------|--------------------------|--------------------------|
| Always | Sometimes | Never |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Did your advocate help you to feel confident?

- | | | |
|--------------------------|--------------------------|--------------------------|
| Always | Sometimes | Never |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | |
|--------------------------|--------------------------|--------------------------|
| Always | Sometimes | Never |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Did your advocate promote Rights, Respect and Recovery in the way they supported you?

- | | | |
|--------------------------|--------------------------|--------------------------|
| Always | Sometimes | Never |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**9. How did you connect with your advocate?
Was this by:**

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Phone | Email | Video call | Face to face |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | |
|--------------------------|--------------------------|--------------------------|
| Yes | Partly | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Which age range do you fit into?

- | | |
|---------|--------------------------|
| 16 - 24 | <input type="checkbox"/> |
| 25 - 40 | <input type="checkbox"/> |
| 41 - 64 | <input type="checkbox"/> |
| Over 65 | <input type="checkbox"/> |

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. This will not be shared outwith LAAS.
