

# East Coast Community Healthcare CIC Children's Speech & Language Therapy Satisfaction Questionnaire



We would like you to think about your recent experiences of our service/team and to please tick the relevant boxes.

### 1. I accessed information from Speech and Language Therapy in the following ways (please tick all that apply)

drop in posters		ECCH website		leaflets/handouts		training		alternative website		telephone advice		other	
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### 2. How likely are you to recommend our services to your friends and family if they needed similar care or treatment? Please tick where applicable

Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Not at all	Don't know

### 3. How satisfied are you with the service you have received? Please tick where applicable

Very satisfied	Quite Satisfied	Neither satisfied nor dissatisfied	Quite dissatisfied	Very dissatisfied	Don't know

### 4. Can you please tell us why you gave these responses?

Please tick this box if you are NOT happy for us to publish your comments (anonymously)

Male / Female <small>*delete as appropriate</small>	What age are you/is your child?
What is your/your child's nationality?	Do you/they have a disability?

### 5. Please consider the following statements about your experience with the service(s) and mark which answer best matches your opinion.

	Yes	No
1. The member of staff from Children's Services was FRIENDLY and HELPFUL		
2. I was offered a CHOICE of where my child was seen, e.g home, school, nursery		
3. The INFORMATION I was given was easy to understand and useful		
4. I was involved in DECISIONS about my/my child's care		
5. I /My child was offered the SUPPORT needed		
6. Children's Services HELPED me/my child		

### Please provide your contact details if you would like us to follow up on your response

Name:

Contact Details:

Please tick this box if you are a Carer/Relative completing this form **on behalf of the patient**

## Friends and Family Test

### Patient feedback form



We are always striving to improve the services provided to our patients.

We would very much appreciate your feedback as a patient so we can continue to improve our services

Please would you take the time to complete the questions on the back of this form, moisten the edges, fold and either hand to a staff member, or post.

No stamp needed.

Thank you

Please moisten gummed edges on reverse and fold here



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