**Date \_\_\_\_\_\_\_\_\_\_\_initials \_\_\_\_**

**Her Centre Feedback form for ODT team**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am calling you on behalf of the Her Centre in Greenwich. Is this\_\_\_\_\_\_\_\_\_\_\_\_? We are currently carrying out a survey with women that have used our services in the last 6 month. I was wondering whether you had time to answer a few questions about the service you received; it will take no longer than 10 mins.

**No** 🡪 Is there another time that is more convenient for you can call back:

**Yes**, date \_\_\_\_\_\_\_time \_\_\_\_\_\_

- I will look forward to speaking to you soon.

**No -** would you like us to send you the survey via post or email?

**No -** Thank you for your time

**Yes** 🡪 Thank you for agreeing to answer a few questions.

I am calling you to find out your opinions of the service that the Her Centre gave you. This information will help the HER Centre ensure that all women receive a good quality of service.

Although we know your name we won’t use your name in any of our reports. This will be anonymous unless you want us to know it’s from you. In **no** way will your answers affect any current or future service that you may need from her centre.

**Are you happy to proceed?**

No Yes

|  |
| --- |
| Can you remember when you last used the HER Centre? |
| Within the last month |
| Within the last two weeks |
| Within the last week |
| Longer than a month ago |

**How would you say your experience has been on a scale of 1 – 5? (1 Poor and 5 Excellent)**

|  |  |
| --- | --- |
| Topic | Circle |
| How long did you have to wait for an appointment? | Waited too long Immediately  1 2 3 4 5 |
| Comments (what is considered too long – a week, 2 weeks and 1 month) |  |
| Were the staff professional and approachable throughout? | Unapproachable Very Friendly  1 2 3 4 5 |
| Comments (more detail, did they feel listened to etc) |  |
| Did staff answer your questions? | No Nearly all Yes |
| Comments (if no, why?) |  |
| Did the staff offer relevant advice? | Not Relevant Very Relevant  1 2 3 4 5 |
| Comments (If no, what advice would have helped) |  |
| How would you rate the location of your meeting? | Not appropriate Very comfortable  1 2 3 4 5 |
| Comments |  |
| How would you rate the communication between you and the HER Centre? | Poor Very effective  1 2 3 4 5 |
| Comment (If poor, what would have made it better) |  |

|  |  |
| --- | --- |
| Is there a member of staff you would like to say improved your life? | |
|  | |
| Is there else anyone that you felt was unhelpful or inattentive? Remember this is confidential and optional. | |
|  | |
| Where you given enough time to explain yourself? | Yes Partly No |
| How could Her Centre improve their service? |  |
| Overall, how would you rate your experience? | Poor Excellent  1 2 3 4 5 |

**I would now like to ask you some questions about the service that the HER Centre referred you to. This is essential to ensure that women are receiving the best possible service.**

|  |
| --- |
| What agency were you referred to? |
| Were you happy with the service from them? |

**How you are now**

|  |  |
| --- | --- |
| **Do you have any key support needs now?** |  |
| **Do you have any complaints you wish to pursue with the Her Centre director?** |  |
| **If so, what is it about and how is it best to contact you?** |  |

And finally, would you like to go on our email mailing list? If so, please give me your email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your time!