

YOUR OPINIONS

2009

LifeLinks wish to provide the best possible service for you. To help us please fill out this survey and return it in the prepaid envelope or fax it to (03) 365 5244 or email to community@lifelinks.co.nz

1. How happy are you with LifeLinks service? **1- not at all to 10 - excellent**

1 2 3 4 5 6 7 8 9 10

comment: _____

2. (a) Was the Needs Assessment process explained to you clearly?

1 2 3 4 5 6 7 8 9 10

2. (b) Was the Service Co-ordination process explained to you clearly?

1 2 3 4 5 6 7 8 9 10

3. Do you understand these processes now?

Yes

No

4. Do you understand the information you were given?

Yes

No

5. Were you listened to and your views considered?

1 2 3 4 5 6 7 8 9 10

6. Are you happy with the overall outcomes?

1 2 3 4 5 6 7 8 9 10

If "Not", why not?

Please Turn Over

7. Is there any way LifeLinks can improve their service?

8. Would you tell other people about LifeLinks?

Yes

No

Name: _____

Phone: _____

Needs Assessors name: _____

Service Co-ordinator's name: _____

Any Questions, please phone us on: **0800 866 877** or fax: (03) 365 5244 or email: community@lifelinks.co.nz

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Children *Developmental Delay* *Alcohol & Drug*