** USER FEEDBACK FORM Adult Social Care**

**Council of the Isles of Scilly**

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| **NAME (optional)** |
| **WHAT IS YOUR FEEDBACK ABOUT Eg** Review, Assessment, Visit, Meeting etc.  **DATE** |
| **Did the adult social care professional explain why they were visiting?****Yes No** |
| **Did the adult social care professional treat you with respect and dignity****Yes No** |
| **Did the adult social care professional listen to you?****On a scale of 1 to 10, 1 being not at all and 10 being very much please circle a number****1 2 3 4 5 6 7 8 9 10** |
| **Where your views included in your assessment/plan?****1 2 3 4 5 6 7 8 9 10** |
| **Do you feel the social care professional has helped you?****1 2 3 4 5 6 7 8 9 10** |
| **What has been the most useful/helpful thing to give you your score** |
| **What would have helped to make your experience more helpful/useful?** |
| **How would you rate your experience? 1 Being poor 10 being excellent** **1 2 3 4 5 6 7 8 9 10** |
| **Any other comments**  |