

Service User Questionnaire for Care at Home

East Lothian Council want to re-design the way core care at home services are delivered. These services will be for people across all service user groups, and include tasks such as helping people dress, eat or wash. To help us choose the right provider we want to gather as much information as we can about what is important to people who use these services now.

To help us gather this information it would be much appreciated if you could complete this questionnaire and return June 14th 2013

If any of the questions are not relevant to you or if you do not wish to answer any of the questions please leave them blank.

1	Not important at all
2	Somewhat unimportant
3	No opinion either way
4	Somewhat Important
5	Extremely Important

For each question below, circle the number to the right that best fits your opinion on the importance of the issue. Use the scale above to match your opinion.

Question	Scale				
	Not Important at all				Extremely Important
1. Staff arrive on time or at least within 15 minutes of the agreed time	1	2	3	4	5
2. I am familiar with the people coming to provide my care	1	2	3	4	5
3. The support I need is provided in the way I want it to be	1	2	3	4	5
4. Staff are friendly and respectful	1	2	3	4	5

Question	Scale				
	Not Important at all				Extremely Important
5. I have a say in how my support is provided	1	2	3	4	5
6. If there is a change in my care I am informed straight away	1	2	3	4	5
7. I have a say in which company provides my service	1	2	3	4	5
8. I have a say in which staff provide my care	1	2	3	4	5
9. Staff should be reliable	1	2	3	4	5
10. Staff work with me in a way which best meets my need	1	2	3	4	5
11. I feel comfortable speaking to staff about any concerns	1	2	3	4	5
12. Staff are properly trained	1	2	3	4	5
13. I do not mind which company provides my support as long as it is of a high quality	Agree		Disagree		
14. Please use this box to tell us anything you think we have missed or to add anything else you would like us to know:					

15. Please tell us about the person who filled in this form and tick one of the following

(a) I use this Service

(b) I am a friend/relative/advocate and am completing this on behalf of someone who uses this service

(c) I am a carer who works for the service and am helping the person complete the questionnaire.