**Advocacy Feedback Form**

1. **How did you find out about the advocacy service?**

Hospital/ward staff  Friends/family  Social worker/care manager

 Internet – please name website **……………………………………………………………**

 Other (please state) **.…………………………………………………………………………**

1. **How helpful was the advocacy support that you received?**

Very helpfulHelpful Not sure UnhelpfulVery unhelpful

**Please tell us more: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **How well did your advocate listen, help and support you?**

Very wellWell Not sure BadlyVery badly

**Please tell us more:**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **How satisfied were you with the way your advocate helped you?**

Very satisfiedSatisfied Not sure Not SatisfiedVery satisfied

**P.T.O**

1. **How satisfied were you with the way your advocate helped you to speak to people about what you wanted?**

Very satisfiedSatisfied Not sure Not SatisfiedVery satisfied

1. **Regardless of whether you got what you wanted, how satisfied were you with the way your issues were dealt with by your advocate?**

Very satisfiedSatisfied Not sure Not SatisfiedVery satisfied

**Please tell us more:**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **Did you get the outcome that you wanted with the support of your advocate?**

**** Yes **** No

1. **Do you have any cultural needs or preferences:** **** Yes **** No
2. **How well did the advocacy service meet your cultural needs or preferences?**

Very wellWell Not sure BadlyVery badly

If you wish to tell us more about any of your answers or if you have any suggestions about how the service could be better please use the space below or provide your name and contact details: **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**