

## Coventry Cyrenians Exit Questionnaire - AIMS

Date:

Client Name (Optional):

QUESTIONS	POOR	OK	GOOD	VERY GOOD	EXCELLENT
How helpful/supportive did you find your support worker?					
How did you find the overall experience?					

QUESTIONS – If you answer ‘No’ please add a comment explaining the reason for your answer	YES	NO	Please comment if ticked ‘no’
Did you feel confidentiality was respected?			
Did you feel listened to?			
Has this experience given you confidence for your future?			
Did the service meet your needs?			
Would you recommend this service to anyone else?			
<p>Have you made improvements in any of the following?</p> <p>           Communication <input type="checkbox"/>      Education <input type="checkbox"/>      Health <input type="checkbox"/>      New Interests <input type="checkbox"/>            Alcohol Awareness <input type="checkbox"/>      Family Relationships <input type="checkbox"/>      Career <input type="checkbox"/>            Other (Please state what ‘other’ is) <input type="checkbox"/> </p>			

	Comments
What part of the support provided by Cyrenians did you feel was most useful?	
Is there anything Cyrenians can do to improve their service?	
What is one memory that you will take away with you?	
Any other comments	