

Coventry Cyrenians Exit Questionnaire – Alcohol/Mediation Comic Relief

Date

Client Name (Optional)

QUESTIONS	POOR	OK	GOOD	VERY GOOD	EXCELLENT
How did you find the assessment process?					
How helpful/supportive did you find the staff?					
How helpful did you find the mediation/alcohol support service?					
How did you find the overall experience					

Tick YES or NO, if NO, please explain the reason for this answer

	YES	NO
Did you feel confidentiality was respected?		
Did you feel listened to?		
Did the mediation/alcohol support service meet your expectations		
Has this experience given you confidence for your future?		
Would you recommend this service to anyone else?		
Have you improved any of the following? (tick as many as apply) Communication <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> New Interests <input type="checkbox"/> Career <input type="checkbox"/> Alcohol Awareness <input type="checkbox"/> Family Relationships <input type="checkbox"/> Other <input type="checkbox"/> (Please state what 'other' is)		

	COMMENTS
What are your thoughts regarding the level of service offered?	
Is there anything you would change about the mediation/alcohol support service?	
What negative points about the service did you find?	
What positive points did you experience?	
Any other comments	

