

Participant Survey Form for LISMORE MUSIC THERAPY

| Date | | | | | | |
|------------------|--|---|---------------|--------------|---|----------|
| Participant Name | | How long has the Participant used ELIZABETH MACKNEY'S services | | | Person completing survey | |
| Age | | How often has the Participant used ELIZABETH MACKNEY'S services | | | Relationship to Participant (if applic) | |
| Funding Source | | | | | Contact details (optional) | |
| No | Questions | Did not meet | Partially met | Met Expect's | Exceeded expect's | Comments |
| 1 | I felt I was treated with dignity and respect | | | | | |
| 2 | I felt my privacy and confidentiality was respected | | | | | |
| 3 | The services helped me / participant achieve goals | | | | | |
| 4 | I feel I could comfortably voice a concern or make a complaint | | | | | |
| 5 | Overall how satisfied were you with the quality of the services provided | | | | | |
| No | Questions | Strongly disagree | Disagree | Agree | Strongly agree | Comments |
| 6 | Would you use these services again? | | | | | |
| 7 | What do you like most about this service? | | | | | |
| 8 | Are there areas which could be improved? | | | | | |

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Further/Other Comments: