

# 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: