Sub-acute consumer exit questionnaire

Name / UR number:	Date:

1. How would you rate the level of support provided by the team during your stay?

Very Good | Good | Average | Poor | Very Poor

2. How would you rate your experience of engaging with other consumers during your stay?

Very Good | Good | Average | Poor | Very Poor

3. How would you rate your experience of being involved in group work with other consumers during your stay?

Very Good | Good | Average | Poor | Very Poor

4. How did you find the daily routine/structure during your stay?

Very Good | Good | Average | Poor | Very Poor

5. How safe did you feel here?

Very Safe | Safe | Undecided | Unsafe | Very Unsafe

6. How would you rate your level of confidence in now using your Health Plan to help you with keeping well?

Very Confident | Confident | Unsure | Somewhat Confident | Not at all Confident

7. What was valuable about your stay?

8. What might improve your experience of staying here?

9. Overall how satisfied were you with your stay?

Very Satisfied	Satisfied	Neither Satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied

10. Would you like to make any other comments about your stay?

Thank you for you valuable feedback. We sincerely appreciate your honest opinion and will take your input into consideration in providing services in the future.