KASBAH FEEDBACK QUESTIONNAIRE 2019

1. OUR SERVICES:

Which, if any, of our services have you used in the last 12 months?

|  |  |
| --- | --- |
|  | Our Advisor Service |
|  | A KASBAH Independent Living Project (Seabrooke House/Hattie Webb House/Rochester Road/Maddison House/Gingerbread House) including day service & respite |
|  | Outreach Support |
|  | Our Charity Shop |
|  | Play Scheme |
|  | Short Breaks Project (Medway) |
|  | Disablement Information & Advice Line (DIAL) |
|  | I had help from you in some other way (if so, can you say briefly what sort of help this was e.g. signposting to another agency such as social services, Carers First?) |
|  | None of the above |
| Comments: |  |
|  |  |

Do you feel that over the last year our level of service has been:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Tick one box only)xxx | Much worse | xx | Worse | xx | The same | xx | Better | xx | Much better | xx |

From your experience of KASBAH, please comment on any strengths such as Advisor service/DIAL/Outreach/ Day service/staff professionalism etc:

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From your experience of KASBAH, please comment on any poor areas or improvements that could be made:

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1. OUR NEWSLETTER:

|  |  |  |  |
| --- | --- | --- | --- |
| How do you receive our newsletter? | ✓/✗ |  | (If you wish to change whether or how you receive our newsletter, please write your new choice in this box & put your correct details in section 5) |
| I don’t receive it but would like to |  |  |
| I receive it by post |  |  |
| I receive it by e-mail |  |  |
| I have chosen not to receive it |  |  |

Are you generally satisfied with our newsletter content? Yes / No

Can you suggest any ways in which we might improve it?

Would you consider writing an article of your own experience(s) to share with others?

 Yes / No

(If yes, please email admin@kasbah.org.uk or send by post to the usual address).

1. OUR INDEPENDENT LIVING PROJECTS & DAY SERVICES:

|  |  |
| --- | --- |
| Are you a young adult (i.e. between 18 & 40 years old) OR do you care for a young adult? | Yes/No |
| If so, are you aware of our Independent Living Projects (Seabrooke House, Hattie Webb House, Rochester Road, Maddison House, Gingerbread House) & the services they provide? Did you know we also supply day outreach support in Independent Living Skills in your home within a radius of approx 30 minutes travelling from the Bluewater area? | Yes/No |
| If you would like further information about these, please fill in section 5 & select Yes. |  |

1. YOUR DETAILS:

Do we have any of your information listed incorrectly, (for instance on your address label)?

If you would like us to check or confirm your details, please write them clearly below:

|  |  |  |
| --- | --- | --- |
| Male / Female? | Title: | Your Full Address & Postcode: |
| First Names: |  |
| Last Name: |  |
| Date of Birth: |  |
| Home Tel No: |  |
| Work Tel No: |  |
| Mob Tel No: |  |
| E-mail Address: |

If you have any other comments about KASBAH generally or our services please continue below:

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……………………………………………………………………………………………..

Name:……………………………………………

Date: ……………………………………………