centre for independent living n.i.	**Service Evaluation Questionnaire** ***Please take a few minutes to let us know your views on CILNI. This invaluable information will help us monitor and improve the services CILNI provides.*** (Please tick, enter or delete*as appropriate)

1. Contact with CILNI

1.1 Are you a:

Disabled person	Parent/carer/ friend/advocate	Professional	Voluntary organisation	Other (*please specify*)

1.2 In which Health and Social Care Trust/CILNI office area do you live?

Belfast HSCT CILNI Belfast	S.E.HSCT CILNI Belfast	Northern HSCT CILNI Magherafelt	Southern HSCT CILNI Armagh	Western HSCT CILNI Omagh

1.3 How did you hear about us in the first place?

Social worker	Other professional	Relative or friend	Voluntary organisation	Internet	Disability exhibition	Other (*please specify*)

1.4 Please indicate the main reason you contacted CILNI:

CILNI	Direct Payments	Independent Living Fund	Social Services	General Info/Advice	Personal budgets	Other *(please specify)*

1.5 How easy was it to make contact with us?

Very easy	Quite easy	Okay	Quite difficult	Very Difficult

1.6 If you left a message, did someone at CILNI get back to you:

Very promptly	Reasonably quickly	Acceptably	Slowly	Did not phone back!

2. Information and Advice

2.1 How satisfied were you with the way we listened to what you had to say?

Very satisfied	Satisfied	Okay	Dissatisfied	Very Dissatisfied

2.2 How well were your questions answered?

Very well	Quite well	Okay	Quite poorly	Very badly

2.3 How useful, accurate and/or relevant was the information provided?

Very	Quite	Okay	Not very	Not good at all

2.4 How professional and knowledgeable was the person you spoke to?

Very	Quite	Okay	Not very	Not at all

2.5 How quickly was any information you requested provided?

Very quickly	Quite quickly	Okay	Quite slowly	Very slowly

2.6 If you requested a face-to-face follow-up meeting, did this take place at:

CILNI office	My own home	Relative's/friend's home	Other venue (*(please specify)*

2.7 Did you receive any leaflets from CILNI **Yes/No*** If yes, was the info?

Very useful	Useful	Okay	Difficult to follow	Very useful

3. CILNI Website (www.cilni.org)

Have you visited the website**?** **Yes/No*** If yes:

3.1 Did you find the website:

Very easy to use	Quite easy to use	Okay	Difficult to follow	Impossible

3.2 Did you find the information on the website:

Very useful	Useful	Okay	Not very useful	Useless

4. CILNI Newsletter

Do you receive the CILNI Newsletter? **Yes/No***

4.1 If yes, do you find it:

Very interesting	Worth a look	Okay	Not much use	Not worth reading!

5. CILNI Payroll Service

Do you use the CILNI Payroll Service? **Yes/No*** If yes:

5.1 Do you find the CILNI Payroll Service:

Essential	Quite valuable	Okay	Little value	Useless

5.2 How do you find using the CILNI Payroll Service:

Very easy	Quite easy	Okay	Difficult to use	Extremely complicated

6. Training

Have you attended a CILNI Training/Information event? **Yes/No*** If yes:

6.1 Was the Training/Information event:

Very useful	Useful	Okay	Not very useful	Useless

7. Direct Payment User Contact

Have you attended any Direct Payment user group meetings? **Yes/No*** If yes:

7.1 Were the user group meeting(s)

Very useful	Useful	Okay	Not very useful	Useless

8. General

8.1 Overall, do you find the advice and support services from CILNI:

Very helpful	Helpful	Okay	Not very helpful	No help at all

8.2 How well did CILNI staff understand your needs as a disabled person/the needs of the disabled person you were contacting us about:

Very well	Quite well	Okay	Did not really understand	Didn't understand

8.3 If support from CILNI was not available, how would you find using Direct Payments, ILF Funding and/or a Personal Budget:

Impossible	Difficult	Just about okay	Not too difficult	No problem At all

8.4 How do you feel about recommending CILNI's advice and support services to someone else interested Independent Living:

Very happy	Quite happy	Not sure	Not very happy	Definitely not!

8.5 Are there any other services you would like to see CILNI providing – if funding and resources were available? *(You can tick more than one)*

Recruitment services	Temporary PA cover	Housing information	Equipment & adaptations info.	Other *(please specify)*

8.6 Please use box below for any other comments regarding CILNI:

Prize draw!

To show our appreciation for your help, everyone* who completes the questionnaire will be entered automatically into a prize draw to win one of four £50 gift vouchers from either Marks & Spencer's, Tesco or Sainsbury's – the winners can choose whichever is most convenient.

NAME: _____

ADDRESS: _____

_____**POSTCODE**_____

Telephone no(s)._____

***N.B. If you prefer not to, you do not need to give your name and address – unless <u>of course</u> you wish to be entered in the prize draw.**

Do you have an e-mail address? **Yes/No**
Can we use this when communicating with you? **Yes/No*** If so, please enter here..... E-mail address:_____@_____

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO CILNI IN THE STAMPED ADDRESSED ENVELOPE PROVIDED BY 30 JUNE 2012.
Thank you very much. Your help in providing us with invaluable feedback is much appreciated