



SUPPORTING PEOPLE SERVICES SERVICE USER EXIT QUESTIONNAIRE

Name:			
Date of Birth:	/	/	Support provider name:

It is important to let Supporting People know about how support has helped you. This information is used to assess how well the service is working and so that we can consider any changes for people using the service in the future.

Below are a series of statements about the types of support you may have received. Please tick the appropriate answer.

The support I have received has	Agree	Disagree	Not relevant to my support
Helped me to feel safer in my home			
Prevented me from becoming homeless			
Contributed to improving my personal well-being			
Enabled me to deal with legal issues			
Reduced my offending behaviour			
Enabled me to meet my tenancy/mortgage obligations independently			
Enabled me to obtain a stable home			
Enabled me to manage my home independently			
Enabled me to manage my relationships			
Enabled me to feel part of the community			
Enabled me to access transport independently			
Enabled me to better manage my money			
Enabled me to manage my benefits, bills and budgets			
Enabled me to access educational/learning opportunities			
Enabled me to access employment			
Enabled me to access training opportunities			

The support I have received has	Agree	Disagree	Not relevant to my support
Enabled me to find voluntary work			
Enabled me to address my alcohol/drugs misuse			
Reduced the likelihood of my admission to hospital			
Enabled me to better manage my physical health			
Enabled me to better manage my mental health			
Enabled me to access the health services I need.			
Reduced my need for Social Services' assistance			
Enabled me to lead a healthier and more active lifestyle			
Please add any other comments that you wish about the su	ipport you h	nave received	

Signature	Date

Thank you for taking the time to complete this form. Can you please return it in the pre-paid envelope provided.

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