

HEALTH ASSESSMENT FEEDBACK FORM

AGE:

- 11-12
- 13-15
- 16-18

1) Did the Nurse explain about confidentiality?

- Yes
- No

2) Did you feel having the health assessment was useful?

- Yes
- No

Please tell us why

3) Were you involved in putting together your health care plan?

- Yes
- No

If no please tell us why

4) Do you feel your health care plan supports you in meeting your needs?

- Yes
- No

If no please tell us why

5. Did you think you were treated with respect during your health assessment?

- Yes
- No

If no please tell us why

6) Did you understand the explanations you were given during the health assessment and the answers to any questions you had?

- Yes
- No

If no please tell us why

7) Did you feel listened to and taken seriously during the health assessment?

- Yes
- No

If no please tell us why

8) Were you asked where you wanted the health assessment to take place?

- Yes
- No

If no where would you like it to be?

9) Do you know how to contact your Nurse if you need to?

- Yes
- No

10) What has your overall experience of your health assessment been?

- Excellent
- Good
- Satisfactory
- Poor

Do you have any other thoughts or feelings?

This feedback form is anonymous however if you want to discuss your comments with CLA Nurses please leave your contact details below and we will contact you

Thank you for your participation. Any feedback we receive will help us to improve the services we provide.