



Please tell us what you think

This service is running an anonymous survey to ask about YOUR EXPERIENCE OF THIS SERVICE

Speak up and help make our Drug and Alcohol services better for you and for others.

Your feedback is greatly appreciated.

Your answers are **ANONYMOUS** – you are not asked for your name.

The results and how we respond to your experiences will be posted on the notice board.

Drug and Alcohol Services National Service User Experience Survey

Access to Services

When you were ready, did you know where to go to get help?	Yes	No	Other
Was this treatment service your first choice?	Yes	No	Other
Was it clear to you how to get in to this treatment service?	Yes	No	Other

Making Informed Decisions about Care

Were you given enough information about this treatment services, such as			
• Cost	Yes	No	Other
• Length of time you would be part of this programme	Yes	No	Other
• How many appointments you would have	Yes	No	Other
• What would happen if you had a slip or missed appointments	Yes	No	Other
Were you given enough information about peer support groups (for example SMART, family support peer groups, AA, NA, Al-Anon)?	Yes	No	Other

Respect for Patient Centered Values, Needs & Preferences

Do the staff take the time to get to know you and your expectations?	Yes	No	Other
Do you feel involved in your care plan?	Yes	No	Other
Are you able to make appointments for a time that suits you?	Yes	No	Other
Do you feel like you have options – is the service flexible if something doesn't suit you?	Yes	No	Other

Maintaining & Improving own Health & Wellbeing

This service is working towards a 'Healthy Ireland' where everyone can enjoy physical and mental health and wellbeing to their full potential.

Are we encouraging you to make positive changes to the following?

• Alcohol use	Yes	No	Other
• Drug use	Yes	No	Other
• Smoking	Yes	No	Other
• Eating	Yes	No	Other
• Physical exercise	Yes	No	Other
• Sexual health	Yes	No	Other
• Mental health and wellbeing	Yes	No	Other

Informed Consent

Were you asked to sign a consent form?	Yes	No	Other
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Were these issues on consent explained to you:			
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<ul style="list-style-type: none">• When and how the service communicates with other agencies that support you	Yes	No	Other
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<ul style="list-style-type: none">• When the service cannot keep your information confidential, ie when the service has to share information about you, in cases where there is a clear danger to you or others, child protection or by court order.	Yes	No	Other
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Kindness, Consideration & Respect

Do you think the staff treat you as an equal?	Yes	No	Other
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Do you always feel safe while you are in this service?	Yes	No	Other
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Do you feel that you are listened to?	Yes	No	Other
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Does the service communicate in a way that you understand?	Yes	No	Other
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Do you know how to make a complaint?	Yes	No	Other
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If you have made a complaint, were you satisfied with the way it was handled?	Yes	No	Other
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Dignity Privacy & Autonomy

Do you feel the service respects you as an individual and supports you to maintain your dignity?	Yes	No	Other
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Are you given privacy if you want it?	Yes	No	Other
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Respecting Diversity & Protecting Rights

Do you feel that your gender, marital status, family status, age, race, religion, disability, sexual orientation or membership of the Traveller community was welcomed in the service?	Yes	No	Other
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Would you recommend this service to a friend or family member?	Yes	No	Other
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Do you have any comments on any of these questions?			
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Thank you for your participation