

EXPERIENCE OF SERVICE QUESTIONNAIRE

Paediatric Occupational Therapy

For each item, please tick the box that best describes what **you** think or feel about the service (e.g.)

	Certainly True	Partly True	Not True	Not Sure/Not Applicable
I feel that Occupational Therapy has made a difference to my child's functional skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy goals were agreed with me and relevant to my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****How likely are you to recommend the Paediatric Occupational Therapy department to family and friends?**

Extremely likely Likely Neither likely or unlikely Unlikely Extremely unlikely
I don't know

****Did the advice and/or support you were given increase your confidence and/or knowledge to support your child?**

Yes, significantly Yes, to some extent No

What was really good about your experience?

Do you have any comments about the Occupational Therapy Service?

If you don't want to take part, please tick this box and return the blank questionnaire in the envelope provided.

THANK YOU FOR YOUR FEEDBACK 😊