

Please use the space below to make any further comments or suggestions you feel relevant. All information provided will remain anonymous.

Would you like to assist us further by giving a more in-depth account of your experience of advocacy? This could take the form of a one-to-one interview, or perhaps for you to make a written account of your experience and views on Advocacy. If this is something that may interest you, please contact us

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Advocacy Western Isles is a member of the Scottish Independent Advocacy Alliance.

Advocacy Western Isles is funded by:



Comhairle nan Eilean Siar



Thank you for taking the time to complete this form. It will enable us to provide more useful and detailed information to funders, referrers and our management committee regarding individual experiences of independent advocacy.

### CLIENT SATISFACTION QUESTIONNAIRE

We welcome comments from anyone who comes into contact with Advocacy Western Isles. This includes clients, relatives and professionals using the service.

We aim to ensure that our service is of the highest standard and with your help we will be able to achieve this. We encourage feedback in order that we may make adjustments and improvements as necessary

**1. How did you hear about Advocacy Western Isles?**

Referral from Agency      –  
Poster                              –  
Word of mouth                      –  
Other, please state-----  
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**2. How easy was it to access the advocacy service?**

**3. Was the role of an advocacy worker explained adequately for you?**

- Independence – how important was this to you?
- Confidentiality – How important is this to you?
- Paid member of staff or Volunteer – How important is this for you?

**4. Did you feel supported by your advocacy worker?**

Yes              No

Please give details:

**5. How did you keep in touch with your advocacy worker?**

Were there any barriers for you in contacting your advocacy worker?

**6. Was your request dealt with promptly and efficiently?**

Yes              No

Please give details:

**7. Were you given an explanation about any delay?**

Yes              No

**8. What difference, if any, has having an advocacy worker made to:**

- You personally
- Resolving your issue

**9. Is there anything you would like AWI to do differently?**

**10. Would you recommend the service to others?**

Yes              No

Please state why.