

Renewal Listening Service Feedback Form

Please take the time to fill in this short evaluation form. *We welcome your feedback both positive and negative.* The information you give is strictly confidential and will be used to improve the service for others.

1) Your first appointment

I didn't wait long for my first appointment
 The boundaries were clearly explained
 I clearly understood our agreement
 I signed the agreement in my first appointment

Yes	No
✓	✓
✓	✓
✓	✓
✓	✓

Further comments: Is there anything else you want to tell us about your first appointment?

2) Venue

The venue was convenient
 The room was comfortable
 The room was private
 The room was quiet

Strongly Agree	Agree	Disagree	Strongly Disagree
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓

Further comments: Is there anything else you want to tell us about the venue?

3) Your Listening sessions

My first impression of my listener was positive
 My listener was easy to talk to
 My listener really listened to me - I felt heard
 My listener did not judge me
 My listener really helped me

Strongly Agree	Agree	Disagree	Strongly Disagree
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓

Further comments:Is there anything else you want to tell us about your experience?

4) How helpful was the listening service?

- I can see things more clearly
- I understand myself a little more
- I can start to make some changes
- I would use the listening service again
- I would recommend the listening service

Strongly Agree	Agree	Disagree	Strongly Disagree
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓

Further comments:Is there anything else you want to tell us about your experience?

Thank you for your time in completing this form - please return in the envelope provided.