

Example of a completed CHI-ESQ survey



CORC ADAPTED PARENT EXPERIENCE OF SERVICE QUESTIONNAIRE

Please think about the appointments you, your child and/or your family have had at this service or clinic.

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	Don't know	
I feel that the people here listened to me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
It was easy to talk to the people here	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
I was treated well by the people here	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
My views and worries were taken seriously	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
I feel the people here know how to help with the Problem(s) I came for	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
I have been given enough explanation about the help available here	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
I feel that the people here are working together to help with the problem(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
The facilities here are comfortable (e.g. waiting area)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
The appointments are usually at a convenient time (e.g. don't interfere with work, school)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
It is quite easy to get to the place where the appointments are	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
If a friend needed similar help, I would recommend that he or she come here.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
Overall, the help I have received here is good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12

PLEASE TURN OVER...

What was really good about your care?

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Being able to talk and hear views and different things to try

Was there anything you didn't like or anything that needs improving?

14

Is there anything else you want to tell us about the service you received?

15

Extremely pleasant and comfortable.

THANK YOU FOR YOUR HELP
