



Neuro and Major Trauma Support Charitable Services

Evaluation Questionnaire

Thank you for completing this short evaluation, it will help us to improve our work and apply for future funding to ensure our vital services continue.

Are you? (Please circle)	A patient/client			A family member/friend/ professional				
Age range: (Please circle)	16-24	25-34	35-44	45-60	Over 60			
Gender identity:				Postcode:				
Have you used any of our charitable services?	Please rate from 1 – 5 (1 very poor, 5 excellent)			1	2	3	4	5
Did you feel supported?	Please rate from 1 – 5 (1 not at all, 5 extremely supported)			1	2	3	4	5
Please tell us more about which service you used. Please rate from 1 – 5 (1 being very poor and 5 being excellent)								
Support while in hospital:				1	2	3	4	5
Family support:				1	2	3	4	5
Advice and information service (welfare benefits /finance/employment or legal advice) other:				1	2	3	4	5
Emergency fund:				1	2	3	4	5
Did you use any of our information leaflets, and did they help you?				1	2	3	4	5
Have you attended any of our community meetings (Drop In Activity Day, Walking Group) and how satisfied were you?				1	2	3	4	5
Do you feel you have benefitted from our help?				1	2	3	4	5
Do you feel better emotionally and mentally for having received our assistance?				1	2	3	4	5

Is there anything we could do better?

Have you any comments about our service or your experience of our service?

Would you be willing to share your story to help others? YES / NO

Your details: (you do not need to provide your details if you wish to remain anonymous)

Thank you very much!

**Please post this form back to Headway Central Lancashire, Heartbeat Centre, Sir Tom
Finney Way, Preston PR1 6PA**

**If you have been sent the form via email, please email back to
services@headwaycentrallancashire.org.uk**

Would you like to make a donation? <https://www.justgiving.com/headway-centrallancashire>