Sunnysights Independent Living ABN 31 651 264 658

Client Survey

This survey is confidential

Sunnysights Independent Living conducts a client survey on a biannual basis to gauge our performance from a client perspective. We would appreciate your feedback about our service, to assist us to make improvements in the way we provide assistance.

Please rate each of the following statements from 1 to 5:

1 Completely disagree

2 Somewhat disagree

3 Neither agree nor disagree

4 Agree

5 Strongly agree

N/A If you feel the question is not applicable to you

DK If you do not have enough information to provide an answer

Statements	*Rating*						
The information about Sunnysights Independent Living matched my experience.	1	2	3	4	5	N/A	Not sure
The wait time for service was reasonable.	1	2	3	4	5	N/A	Not sure
Sunnysights Independent Living provision is flexible and responsive.	1	2	3	4	5	N/A	Not sure
The staff have high levels of skills and expertise.	1	2	3	4	5	N/A	Not sure
Sunnysights Independent Living actively involves my carer and other family members.	1	2	3	4	5	N/A	Not sure
Service planning includes consideration of my language and cultural needs.	1	2	3	4	5	N/A	Not sure
I am supported and encouraged to participate in my service planning.	1	2	3	4	5	N/A	Not sure
I am supported and encouraged to be involved in Sunnysights Independent Living' activities.	1	2	3	4	5	N/A	Not sure
I have been supported to link in with other community organisations and services.	1	2	3	4	5	N/A	Not sure
There are good and easy to understand feedback and complaints mechanisms in place.	1	2	3	4	5	N/A	Not sure
I would recommend this service to other people	1	2	3	4	5	N/A	Not sure

1. **What do you like most about Sunnysights Independent Living?**

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2. **What do you like least about Sunnysights Independent Living?**

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3. **What suggestions do you have about ways that we could improve our service/s?**

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4. **Do you have any other comments?**

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5. **Would you like someone to contact you regarding the feedback you have provided on this survey?**

☐ Yes

☐ No

***Name** (Optional):…….. **Date**:*

***Phone number** (Optional) : …….. **Email** (Optional) : ……..*