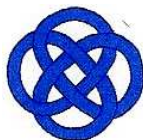


EPILEPSY CONNECTIONS



USER QUESTIONNAIRE

Your comments about our services and activities will be of value in helping us to monitor the work of the organisation.

1. Which of the following services have you accessed?

Please tick all the relevant boxes and circle the number which you feel best describes the quality of the service you have received, on a scale of 1 to 5 (1 = poor, 5 = excellent).

		Poor			Excellent	
Fieldwork (Information/advice/support)	<input type="checkbox"/>	1	2	3	4	5
Information leaflets	<input type="checkbox"/>	1	2	3	4	5
Befriending Service	<input type="checkbox"/>	1	2	3	4	5
Mainstreaming Project	<input type="checkbox"/>	1	2	3	4	5
Multicultural Project	<input type="checkbox"/>	1	2	3	4	5
Living Well With Epilepsy Project - Forth Valley	<input type="checkbox"/>	1	2	3	4	5
Schools Project	<input type="checkbox"/>	1	2	3	4	5
Training (Epilepsy Awareness/ Midazolam/Rectal Diazepam/Heartstart)	<input type="checkbox"/>	1	2	3	4	5
Counselling (Thurs evening sessions)	<input type="checkbox"/>	1	2	3	4	5
Newsletter	<input type="checkbox"/>	1	2	3	4	5

Have you attended any of the following sessions?

Art	<input type="checkbox"/>	1	2	3	4	5
Friends Connected Group	<input type="checkbox"/>	1	2	3	4	5
Complementary Therapies - Glasgow	<input type="checkbox"/>	1	2	3	4	5
Complementary Therapies - Stirling	<input type="checkbox"/>	1	2	3	4	5
Other (please specify),	<input type="checkbox"/>	1	2	3	4	5

2. On a scale of 1 to 5 please indicate whether you found staff:

<i>Unhelpful</i>					<i>Helpful</i>
1	2	3	4	5	

4. How did you find out about the organisation and its services? (Please circle).

GP	Consultant	Telephone book	Friend/Family member
Carer	Social Worker	Health Visitor	Internet
Epilepsy Specialist Nurse		Other (Please specify)	_____

5. Have you found it difficult to access our services/activities?

Yes No If 'Yes', please explain.

6. Are there any specific services/events/workshops which you would like us to provide? If so, please give details.

7. Any other comments? _____

8. Epilepsy Connections aims to be an equal opportunities organisation and has policy for this purpose. It would be helpful if you could complete the following questions to enable us to monitor this policy.

- a) **GENDER:** I am (*please tick*) MALE FEMALE
- b) **AGE:** Under 18 18-30 31-40 41-50 51-60 61+
- d) **Are you:**
 a person with epilepsy a parent, family member, carer
 a professional other _____ (*please specify*)

Guidelines: Ethnic Origin

The classifications we have used are those currently recommended by the Commission for Racial Equality. If you wish to classify yourself in some other way, please use the additional space to do so.

c) **ETHNIC ORIGIN – What is your ethnic group?** (Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A White

- Scottish Other British Irish
 Any other White background, please write in _____

B Mixed

- Any mixed background, please write in _____

C Asian, Asian Scottish, or Asian British

- Indian Pakistani Bangladeshi Chinese
 Any other Asian background, please write in _____

D Black, Black Scottish, or Black British

- Caribbean African
 Any other Black background, please write in _____

E Other ethnic background

- Any other background, please write in _____