

## PCW- Partnership Community Worker Client Feedback Form

THANK YOU for taking time to complete the PCW feedback form.

Please answer the questions below so we know how useful our PCW-Partnership Community Worker service is and how we could make it better. If you want to talk to us about your feedback leave your name and number and we will call you.

Your name: \_\_\_\_\_ (optional) Phone: \_\_\_\_\_ (optional)

PCW name: \_\_\_\_\_ Date: \_\_\_\_\_

**Q1.** Choose the most important 3-4 things that the PCW helped you with:

No Doctor	<input type="radio"/>	Money	<input type="radio"/>	Lack of information	<input type="radio"/>
Physical health	<input type="radio"/>	Worry/ Anxiety	<input type="radio"/>	Lack of support	<input type="radio"/>
Housing	<input type="radio"/>	Transport	<input type="radio"/>	Literacy	<input type="radio"/>
Culture	<input type="radio"/>	Language	<input type="radio"/>	Work and Income	<input type="radio"/>
Other: _____					

**Q2.** Rate your experience of the health system before meeting with the PCW. \_\_\_\_\_  Poor  OK  Great

**Q3.** Has this changed since working with a PCW? \_\_\_\_\_  Yes  No

**Q4.** Before you met the PCW, did you understand what a PCW did? \_\_\_\_\_  Yes  No

**Q5.** Do you understand what a PCW does now? \_\_\_\_\_  Yes  No

**Q6.** Did the PCW connect you to the help you needed? \_\_\_\_\_  Yes  No

**Q7.** Can you now get the health support you need without the PCWs help? \_\_\_\_\_  Yes  No

**Q8.** Has working with the PCW helped you gain confidence to get your health needs met? \_\_\_\_\_  Yes  No

**Q9.** What did the PCW do well? \_\_\_\_\_  Supported  Listened  Explained  Transport

**Q10.** Do you feel more positive about your future? \_\_\_\_\_  Yes  No

**Q11.** Is there anything else you would like to add or you think could have been done better?