

Day Service Questionnaire – 49 returns

What we would like you to do

We would like you to help us by taking a few minutes to give us your views about the day care services you receive. This is to assist us to plan for the future of our day care services to ensure your needs are taken into account. If you do not wish to answer the questions, this won't affect the services you receive.

A. About the Day Service we currently provide

1. What are the positive aspects of the day service you currently attend? Please tick

▪ Location of service	42	▪ Staff	44
▪ Duration of service	36	▪ Personal care	37
▪ Transport	36	▪ Meals	43
▪ Activities	35		
▪ Other (please specify)	outings, socialisation		

2. What are the negative aspects of the day service you currently attend? Please tick

▪ Location of service	2	▪ Staff	1
▪ Duration of service	1	▪ Personal care	2
▪ Transport	4	▪ Meals	5
▪ Activities	6		
▪ Other (please specify)			

B. About You

1. How do you spend your day when not at day services?

Please let us know:-

Reading, knitting, at home, visiting, light housework, TV, radio, snoozing, lonely, exercising, in garden, craft classes.

2. Are there other things that your family and friends do that you would like to do?

Please let us know:-

No	3	Out for Lunch	3
Shopping	3	Socialising	
Cinema	1	be able to drive	
Dancing	1		

3. What do you like to do?

Please let us know:-

Car trips	Reading	Quizzes
Gardening	Writing	Games
Bingo	Exercising	Crosswords
Bowls	Chatting/socialising	Dancing
Dog walks	Painting	
Visits to places of interest		

4. What has stopped you from doing this?

Please let us know:-

ill health	disability access
mobility	vision
weather	assistance needed
confidence	caring for spouse

5. Where could these other things take place?

Please let us know:-

Day Centre
Home
Around town
Marina
Clubs

C. The answers to the next group of questions will be used to make sure that we have a balanced sample of day care users.

1. Are you Male or Female?

Please tick [✓] one box

Male 12

Female 37

2. How old are you?

Please tick [✓] one box

Under 65 1

65 – 74 9

75 – 84 24

85 or over 12

3. Are you Service User or Carer?

Please tick [✓] one box

Service User 42

Carer 6

Friend or Family 1

4. What type of day service do you attend?

Please tick [✓] one box
Council 48
Day Hospital 1

5. Location of Day Service
Please Specify:

Lynnside	19
Smiddy House	5
Struan	21
Missing	3

Please note that this questionnaire and your answers will be treated in the strictest confidence. Please place the completed questionnaire in the suggestion box located in the day centre.