



Please indicate how much you agree with the following statements. If a statement does not apply, please ignore it.

The advocacy service

less true ... more true

- | | | | | |
|---|---|---|---|---|
| I knew that advocacy was available to help and support my client | 1 | 2 | 3 | 4 |
| The advocacy service was easy to contact | 1 | 2 | 3 | 4 |
| The advocacy service responded quickly to my or my client's contact | 1 | 2 | 3 | 4 |

How the advocate worked with your client

- | | | | | |
|--|---|---|---|---|
| The advocate listened to my client's views and helped him/her to express them | 1 | 2 | 3 | 4 |
| The advocate was careful to express my client's views, not his/her own | 1 | 2 | 3 | 4 |
| The advocate helped my client to achieve something that he/she might not otherwise have managed | 1 | 2 | 3 | 4 |
| The advocate helped my client to resolve his/her concerns | 1 | 2 | 3 | 4 |
| The advocate helped my client to improve his/her therapeutic relationships | 1 | 2 | 3 | 4 |
| The advocate supported my client reliably and responsibly | 1 | 2 | 3 | 4 |
| The advocate helped my client to develop a more positive attitude | 1 | 2 | 3 | 4 |
| The advocate helped my client to have a better understanding of the situation that he/she needed help with | 1 | 2 | 3 | 4 |

How the advocate worked with you and/or your colleagues

- | | | | | |
|---|---|---|---|---|
| The advocate took seriously my or my colleagues' concerns about my client | 1 | 2 | 3 | 4 |
| The advocate seemed well-informed about the resources provided by my and/or other services | 1 | 2 | 3 | 4 |
| The advocate understood how the resources provided by my service contributed to the process of recovery | 1 | 2 | 3 | 4 |

You and advocacy

- | | | | | |
|--|---|---|---|---|
| Advocacy changed the way the service was provided to my client | 1 | 2 | 3 | 4 |
| Advocacy helped to improve my relationship with my client | 1 | 2 | 3 | 4 |
| I would recommend advocacy to other clients and colleagues | 1 | 2 | 3 | 4 |

Your work

- Hospital Community Team Voluntary Sector Other

If you have any other comments, please write them here (use the other side of the paper if necessary)

Thank you for completing this form. Please return it in the addressed FREEPOST envelope