



Western Health

# CLIENT / FAMILY FEEDBACK FORM

DRUG HEALTH SERVICES  
ADOLESCENT COMMUNITY  
PROGRAMS

49 Nicholson Street  
Footscray VIC 3011

Tel. +61 9689 5570

Fax. +61 9687 2749

Mobile : 0481919975

Email: ACPReferrals@wh.org.au

ABN 61 166 735 672

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

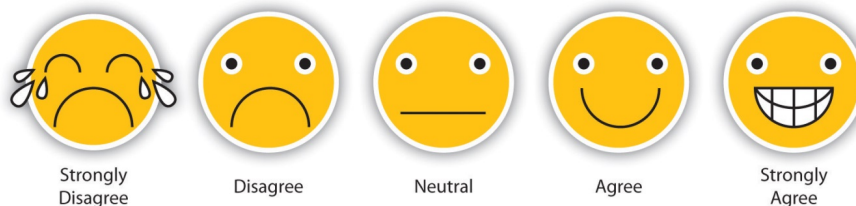
Name (optional): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

What is the name of your worker (optional)? \_\_\_\_\_

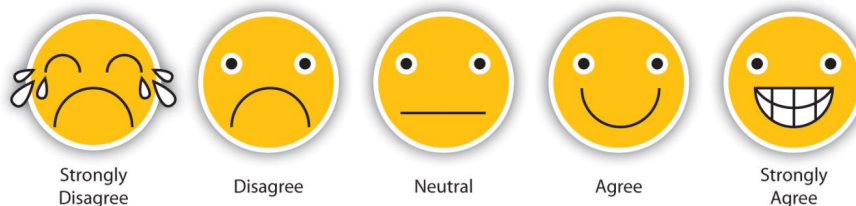
How many sessions have you had with your worker / how long have you been with our service? \_\_\_\_\_

To help us understand your experience with Adolescent Community Programs (ACP), and your progress with Alcohol and Other Drug (AOD) counselling, please mark your responses below:

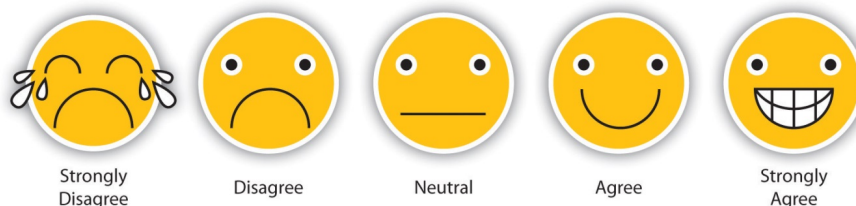
I felt heard and understood.



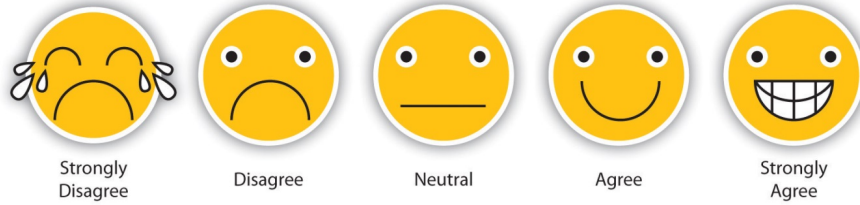
I felt comfortable talking to my worker.



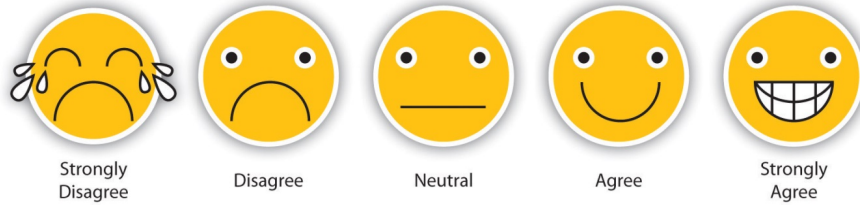
The way my worker works is a good fit for me.



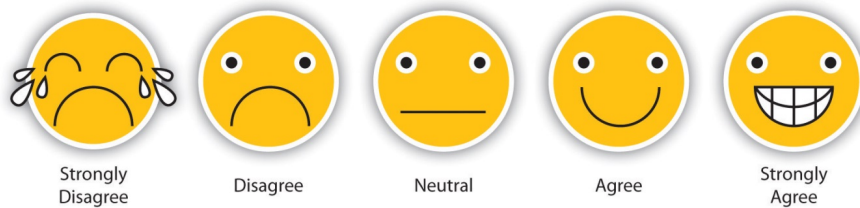
I found the sessions with my worker were helpful.



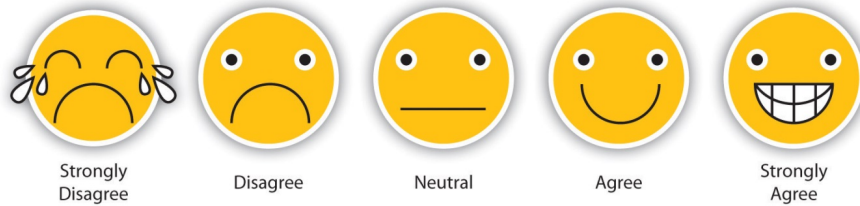
My worker and I worked together to develop my treatment goals and plans.



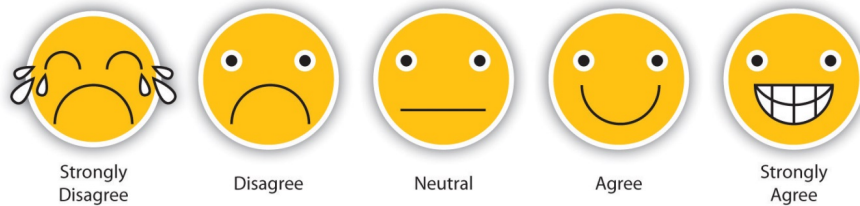
The goals and plans that I developed with my worker were realistic and achievable.



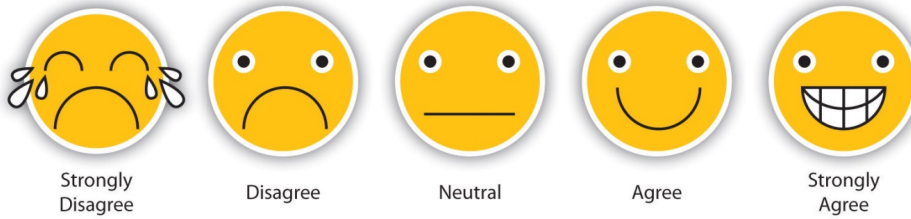
I'm more able to deal with the challenges in life because I've learned how to manage my substance use.



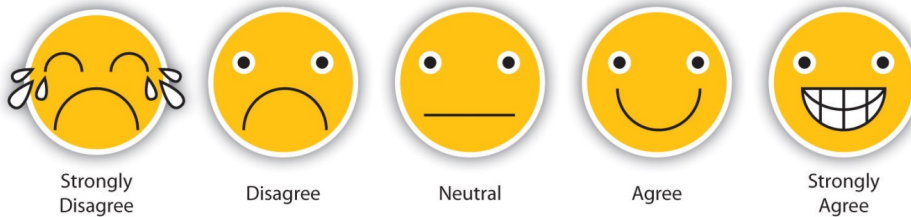
Since my engagement with ACP, I have learned about substance use and skills to look after myself.



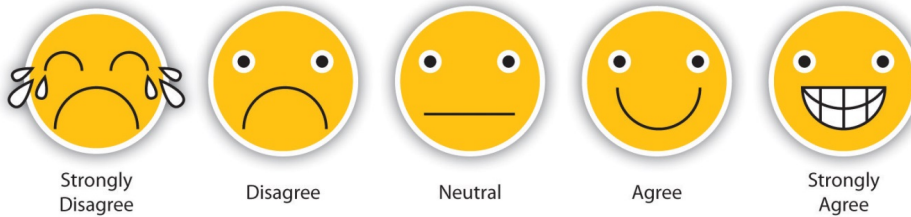
Since my engagement with ACP, my relationship with my family has improved *(please indicate if applicable to you)*.



I am satisfied with the service that I have received.



I would access ACP again if I needed to.



What method of support did you enjoy most that was provided by ACP? (Please tick box below)

- Centre Based       Phone based       Outreach

What other services could ACP provide that you would be interested in?

- Nutrition       Sexual health (STI screening/treatment)       Medical care (clinic with doctor/nurse)  
 Reproductive health (pregnancy, contraception)       Immunisation       Other: \_\_\_\_\_

What has been most helpful during your experience with ACP?

---

---

---

Is there anything about your experience of our service that could be improved and/or done differently?

---

---

---

Your feedback will help improve our service.

**THANK YOU!**