**NORTH HIGHLAND CANCER INFORMATION AND SUPPORT CENTRE, SCIO (SC048935)**

**Your local drop-in centre for those affected by cancer**

  

The NHCISC committee welcome regular feedback from people who use the Centre. Based on previous feedback, we have made a number of changes to how we do things in the Centre as well as improving the decoration and furnishings. Please take time to complete this questionnaire and let us know what we are doing right and areas where we may improve.

You are not required to put your name on the questionnaire.

1. How did you find out about the Centre?

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How easy was it to find the Centre on your first visit?

Easy Not easy Comment:

1. How do you rate the welcome you received on your initial visits?

Disappointing [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 Exceptional

4.How well do you feel the volunteers run the Monday and Thursday sessions?

Disappointing [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 Exceptional

5.Do you feel you are kept well informed about activities/events organized by the Centre, through newsletters, e-mails, our website and posters?

[ ]  Yes | [ ]  No or comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.How well do you feel the management committee organise and run the centre?

Disappointing [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 Exceptional

7. Are you happy with the service the Beautician and Therapists provide?

Disappointing [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 Exceptional

8. Does the design, arrangement and use of space make you feel comfortable and well cared for?

[ ]  Yes | [ ]  No or comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Are the rooms at a comfortable temperature for you:

[ ]  Yes | [ ]  No or comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Is the lighting adequate for your needs?

[ ]  Yes | [ ]  No or comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. How do you find the noise levels at the Centre?

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Do the chairs and seating arrangements at the Centre meet your needs?

[ ]  Yes | [ ]  No or comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Is there a room(s) that you would like to see redecorated or changed in any way?

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Do you find the cancer and care information at the Centre up-to-date and comprehensive enough for you needs?

[ ]  Yes | [ ]  No or comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Are there any other activities you would like to the committee to organize at the centre?

[ ]  Yes | [ ]  No or comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. How often do you visit the Centre normally?

[ ]  Every week [ ]  1-2 times per month [ ]  Every few months

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use this space to add any further comments that will improve the level of service at the NHCISC.