**Survey for Users**

Hello, this short document help us to improve support you receive. Please read carefully the questions and take your time to answer them. There’s no time limit. In case you need support, ask a professional to help you.

Thank you very much for your answers!

Today is \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

1. **Can you remember some decision(s) you have taken recently? Please describe up to 3 of them in the box above.**
2. .
3. .
4. .
5. **Have you received support from a professional to make those decisions?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| NOT REALLY | SOME OF THEM | YES | DON’T KNOW |

If NOT REALLY and if DON’T KNOW, why do you feel this way?

If SOME OF THEM, which ones? Which ones got overlooked?

If YES, what kind of support did you get?

*\*NOTE for the supporter if a DON’T KNOW answer: If don’t know, is might be because they don’t remember (ask questions based on shared experiences) or because the person is shy/afraid (ask questions to understand the source of this feeling).*

1. .
2. .
3. .
4. **Was the support you got useful to you in making your decisions?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| NO | SOMETIMES | YES | DON’T KNOW |

1. **Was the support enough for you to take your decisions?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| NO | SOMETIMES | YES | DON’T KNOW |

**Are there things about the support you received that you would like to improve? What would you like to change?**

1. .
2. .
3. .
4. **Would you like to make more decisions for yourself (with support if needed) in the future?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| NO | SOMETIMES | YES | DON’T KNOW |

1. **Do you think professionals always respect your decisions?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| NO | SOMETIMES | YES | DON’T KNOW |