**Patient Social Prescribing Link Worker Feedback**

Please fill in the questions below about working with your Social Prescribing Link Workers (SPLWs). All feedback questionnaires are anonymous. We really value your time and feedback, as it can help us improve the way we work.

SPLWs name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| The SPLW was polite and considerate |  |  |  |  |  |
| The SPLW listened carefully to what I had to say, and I felt heard |  |  |  |  |  |
| The SPLW showed compassion and respect towards me |  |  |  |  |  |
| The SPLW clearly explained their role and how they might support me |  |  |  |  |  |
| The SPLW encouraged me to suggest my own solutions and goals |  |  |  |  |  |
| The SPLW explained what would happen after the appointment |  |  |  |  |  |
| I feel the SPLW is confident and able to support me |  |  |  |  |  |
| I am confident and clear as to how to contact my SPLW if I need to access Social Prescribing |  |  |  |  |  |
| Overall, I felt satisfied with the support I received |  |  |  |  |  |

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| Other comments:  |
|  |

Date: