

# Northern Region Gender Dysphoria Service Feedback Form

We are interested in your opinion regarding the service we provide. Please rate the following statements honestly. We also welcome your comments and suggestions, which are anonymous. Thank you very much for your participation.

What kind of appointment did you attend?  First Assessment  Follow-up  Psychotherapy/Counselling  Endocrinology  Other.....

Thinking about the meeting you have just had (please tick the box that best describes your agreement with each of the 9 statements on the left)

Thinking about the meeting you have just had	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I am likely to recommend this service/team to friends or family if they need similar care or treatment.					
2. The administrative staff were pleasant and respectful.					
3. The clinician was pleasant and respectful.					
4. I feel listened to.					
5. I feel involved in my treatment.					
6. I have confidence in the abilities of the clinician.					
7. The information was provided in a way that was understandable.					
8. Any questions I had were answered.					
9. I was given the opportunity to discuss any treatment.					

10. Is there anything that went particularly well? .....

11. Is there one area you would suggest could be improved? .....