| moi | Adult Social Care Annual Report 2010/11 Feedback Form |
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| | Are you responding as a: (Please tick one) Central Bedfordshire Adult Social Care user Friend or relative of an Adult Social Care user Community or Voluntary organisation/group (please specify below) |
| Q2 | Please specify Which section(s) of the Annual report have you read? (Please tick all that apply) I have read all of the Annual Report Foreword and Introduction Enhancing quality of life for people with care and support needs Delaying and reducing the need for care and support Ensuring that people have a positive |
| Q3 | experience of care and support Overall, how satisfied or dissatisfied were you with the Annual Report? (Please tick one) Very satisfied Satisfied Neither satisfied Dissatisfied Very satisfied Very dissatisfied |
| Q4 | How would you rate the design of the Annual Report? (Please tick one) Excellent Good Neither good Poor Very poor nor poor Nor poor Neither good Poor Very poor |
| Q5 | How easy or difficult was the Annual Report to: (Please tick one option for each statement) Neither easy Very easy Easy nor difficult Difficult Very difficult Read |
| Q6 | Before you read the Annual Report, how did you think the Adult Social Care service was performing? (Please tick one) Excellent Good Neither good nor poor Poor Very poor |
| Q7 | Do you think the Annual Report provided a balanced picture of what the Adult Social Care service does and it's performance? (Please tick one) Yes No |
| Q8 | What other information could we provide to make the Report more useful and informative? |

About you

The following information will help us when considering your opinions and to make sure that we are getting the views of all members of the community. The answers will not be used to identify any individual and the questions are optional. Our data protection statement is provided at the end of this form.

| Q10 Postcode | | | | | | |
|-------------------------------------|---------------------------------------|---|--------------------|--|--|--|
| Q11 Are you male or femal | e? Male | [| Female | | | |
| Q12 What is your age? | 19 or under 60-64 yrs | | | yrs 45-59 yrs | | |
| | he has a physica a bility to carry | I or mental in out normal d Black | npairment which ha | Caribbean Any other Black background | | |
| Thank you for giving us your views. | | | | | | |

Data Protection Act 1998

Please note that your personal details supplied on this form will be held and/or computerised by Central Bedfordshire Council for the purpose of the Housing Annual Report feedback survey. The information collected may be disclosed to officers and members of the Council and its' partners involved in this consultation. Summarised information from the forms may be published, but no individual details will be disclosed under these circumstances. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

Information classification: Protected when complete.

Please return the form to the freepost address below (you do not need a stamp): RSKA-KEZZ-SZEC Social Care, Health and Housing DA0: Policy and Performance Central Bedfordshire Council Watling House High Street North Dunstable

LU6 1LF