

14) Would you use SWEDA again?		Yes / No If no please give reason	
15) Would you recommend SWEDA to a friend?		Yes / No If no please give reason	
16) What services would you like to see SWEDA offer?	Select overall 1st 2nd 3rd choice	What services would you like to see SWEDA offer?	Select overall 1st 2nd 3rd choice
A) Group socials		B) Information available locally	
C) Direct support in your area Specify		D) Awareness raising events	
E) Support in accessing your community		F) Work in schools	
G) Wider knowledge of SWEDA		H) Training	
I) Support Would you be interested in	Please tick	J) Other	
Volunteering?		Other comments please attach paper Please return this form to Nikki Linfield SWEDA, Strode House 10 Leigh Road Street Somerset BA16 0HAO reply on the website www.swedauk.org	
Steering Group?			
Becoming a friend of SWEDA?			



SWEDA
Somerset & Wessex
Eating Disorders
Association

"serving those affected by eating disorders"

Questionnaire : February 2005

At SWEDA it is really important to us to make sure that we are meeting the needs of people who use and want to use our services. In order to do this we ask you to spend 5 or 10 minutes thinking about the following questions and filling in your responses.

We are a user led service so we need to hear your views.

So send back your questionnaire and we will enter you in a draw. If you want to contribute anonymously please send your name in an envelope separately with bulletin written on the outside.

Name _____ (optional) Date _____ 2005

For our research it is important that we know the postcode area that you contact us from for example BA16.

Post code _____

Type of contact with SWEDA circle

For myself / my friend / family / volunteering / professional

1) How did you initially hear about SWEDA?

Source	Tick	Source	Tick
GP		Family	
CMHT		Website	
Friend		Leaflet	
Phone book		conference	
Poster		Other please state	

2) What was the year of your initial contact with SWEDA	
3) Was your first contact with SWEDA	(Tick below)
Face to face	
Helpline	
Post	
On line	
Email support	
Message board	
Other please specify	
4) How would you grade this?	1 poor 5 good
Welcoming	1 2 3 4 5
Friendly	1 2 3 4 5
Supportive	1 2 3 4 5
Professional	1 2 3 4 5
Accessible	1 2 3 4 5
Reliable	1 2 3 4 5
5) How long did SWEDA take to reply to your initial enquiry? (Please select)	Within a day A week A month Did not hear
6) Was the information you were given relevant?	1 2 3 4 5
7) Have you ever visited SWEDA base?	Yes / no
8) How did you get there? (select)	Bus/ Car / Foot / Train / Taxi

9) Did you come to SWEDA with... (Please select)	Professional Friend Family Alone
10) How easy was the journey?	1 2 3 4 5
11) How long did it take?	0-20 20-60 60+ minutes
12) When you were at SWEDA did you find it Welcoming? Friendly? Supportive? Professional? Reliable?	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
13) Which Service : Do you currently use? (C) Did you use? (P) Would you use? (F) Would you recommend ? (R)	Indicate Use Scale 1 not useful 5 useful
Counselling	C P F R 1 2 3 4 5
Helpline	C P F R 1 2 3 4 5
Website	C P F R 1 2 3 4 5
Message boards	C P F R 1 2 3 4 5
Email support	C P F R 1 2 3 4 5
Pen pals	C P F R 1 2 3 4 5
Information	C P F R 1 2 3 4 5
House	C P F R 1 2 3 4 5
18-25	C P F R 1 2 3 4 5
Massage	C P F R 1 2 3 4 5
Other Please specify	C P F R 1 2 3 4 5