




**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_


**Activities / Services:** \_\_\_\_\_

Pre-filled by Worker






**Do you feel supported by ADSi in your independent living?**

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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**Were ADSi services / activities were well organised?**

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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**Are you satisfied with the services received?**

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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**Did workers listened to you and understood issues?**

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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**Please provide other comments below**

**Please return completed form to your support worker, thank you.**