

## **CAMHS Website Evaluation Survey**

## **CAMHS** website evaluation

1: Did the website give you the information you were looking for?

- Yes
  Mostly
- Partly
- 🗌 No
- 2: What other information could be included to help you?
  - Please tick this box if you do not wish your comment to be made public.

3: Was it easy to find your way around the website?

- 🗌 Yes
- Mostly
- Partly
- 🗌 No



4: What would have made it easier for you to find your way around?

Please tick this box if you do not wish your comment to be made public.

- 5: Did you like the look of the website?
- 🗌 Yes
- Mostly
- Partly
- No No

6: What would improve the look of the website?

Please tick this box if you do not wish your comment to be made public.

- 7: Overall was it easy to use this website?
- 🗌 Yes
- Mostly
- Partly
- 📃 No



8: What would have made it easier to use?

Please tick this box if you do not wish your comment to be made public.

9:	Did	the	website	load	quickly?
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- 🗌 Yes
- Mostly
- Partly
- 📃 No
- 10: Were you able to view the website on your phone?
- 🗌 Yes
- Mostly
- Partly
- 📃 No

11: If there were bits you couldn't see on your phone, can you please let us know what these were?

Please 1	his box if you do not wish your comment to be made publ	ic.
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- 12: Was the information easy to understand?
- 🗌 Yes
- Mostly
- Partly
- 🗌 No
- 13: What would make it easier to understand the information?
  - Please tick this box if you do not wish your comment to be made public.

14: Was there any specific part of the website that you found really helpful?

Please tick this box if you do not wish your comment to be made public.



15: The website is designed to help young people, their parents and carers and other professionals working with young people. Can you please let us know which of these you are?

Child
Voung Person
Parent
Carer
Professional
Other, please specify:

Please return this survey to the patient experience team.