

## **CAMHS Post Transitions Survey - Parent/Carer**

## **After Transition**

1: In your opinion, do you feel that the young person you support is working well with their new worker in adult services?

Ves Ves
🔲 No
Don't Know

2: Can you tell us why you gave that answer to question 1.

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

3: In your opinion, is the young person you support meeting their transition goals as set in their transition plan?

🗌 Yes

🗌 No

🔲 Don't Know

4: Do you feel that your needs as a parent/carer are being met by adult services?

🗌 Yes

No

Don't Know



5: Do you feel you are being treated with respect by all members of the team?

🗌 Yes			
No No			

Don't Know

6: Overall, how satisfied do you feel about the process to move the young person you support on to adult services?

- Very satisfied
- Satisfied
- Not very satisfied
- Not at all satisfied
- 7: Do you have any other comments?
  - Please tick this box if you do not wish your comment to be made public.

8: Would you be happy for someone to contact you about your experiences of being a parent/carer? If yes, please give us your name and preferred contact details, e.g. telephone number, email address, etc.

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

Please return this survey to the patient expense cef team.