**Satisfaction Questionnaire** ID (Your initials/D.O.B.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This questionnaire aims to assess your satisfaction with your current method of carrying out Mental Capacity Act (MCA) Assessments.

Please record your response to each of the following questions:

1. Overall how satisfied are you with your method of carrying out a MCA assessment?

****Very satisfied

****Somewhat satisfied

****Neither Satisfied nor Dissatisfied

****Somewhat dissatisfied

****Very dissatisfied

1. How well does your method of assessment meet your needs?

****Extremely well

****Very well

****Somewhat well

****Not so well

****Not at all well

1. How likely are you to recommend your method of assessment to other practitioners?

****Extremely likely

****Very likely

****Somewhat likely

****Not so likely

****Not at all likely

1. How likely are you to choose your method of assessing capacity in the future?

****Extremely likely

****Very likely

****Somewhat likely

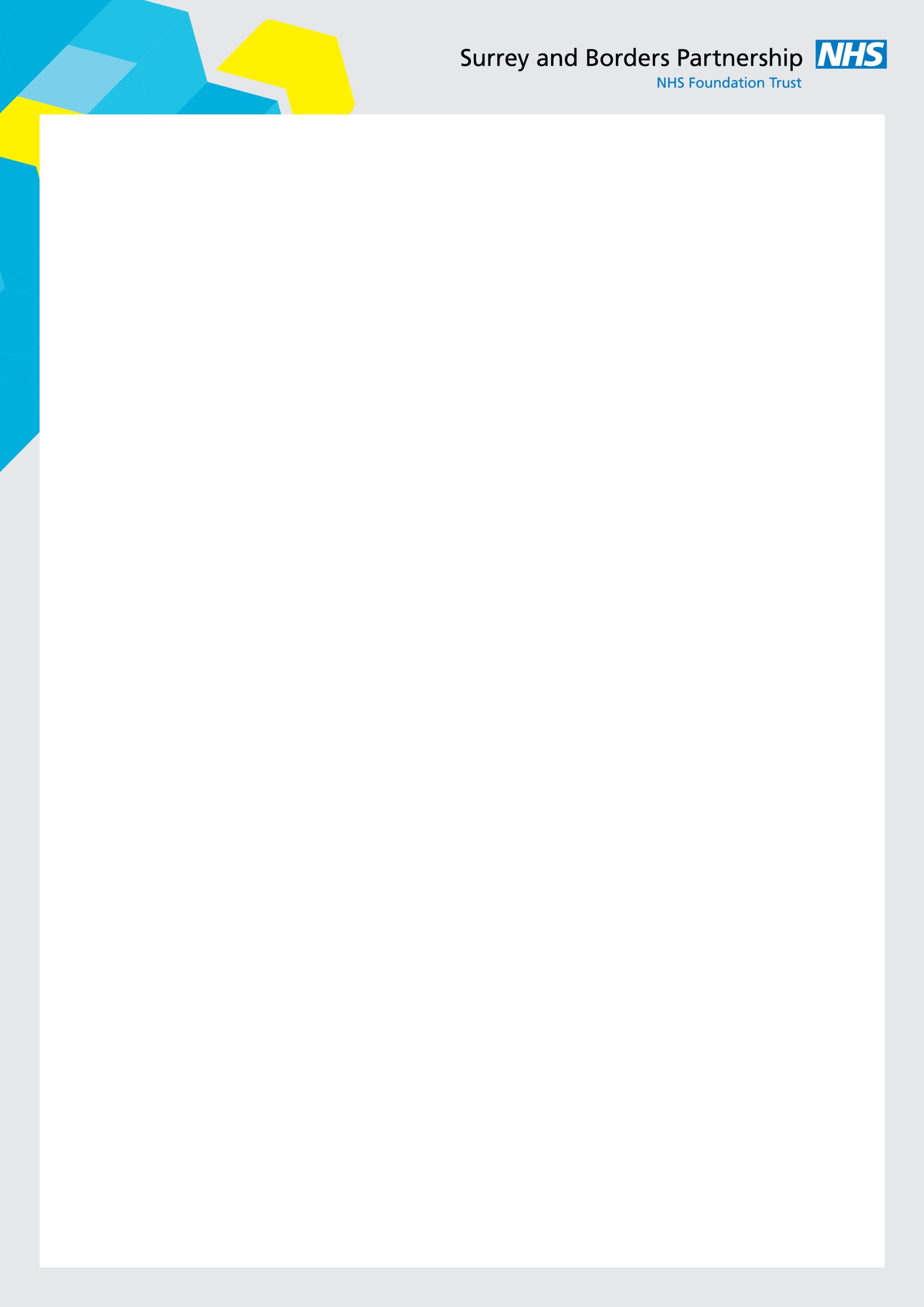
****Not so likely

****Not at all likely

1. What do you like the most about your method of assessment?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

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1. What do you like least about your method of assessment?

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1. What do you think could be improved about your method of assessment?

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1. How helpful is your method of assessment in solving disputes and formal complaints about a person’s capacity?

****Extremely helpful

****Somewhat helpful

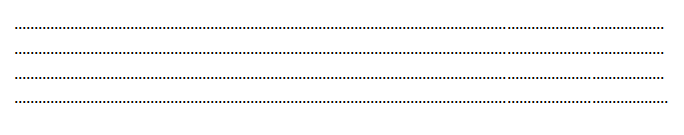
****Neither helpful nor unhelpful

****Somewhat unhelpful

****Extremely unhelpful

1. How would you rate your satisfaction with the following aspects of your assessment method?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | Somewhat Satisfied | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied |
| Quality |  |  |  |  |  |
| Efficiency |  |  |  |  |  |
| Accessibility |  |  |  |  |  |
| Practicality |  |  |  |  |  |
| Usefulness |  |  |  |  |  |
| Accuracy |  |  |  |  |  |
| User-friendliness |  |  |  |  |  |
| Reliability |  |  |  |  |  |

1. Please use this space to write any other comments or complaints about your method of conducting an assessment:

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