



FASD Assessment Services - Post Clinic Client Survey

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You recently participated in an FASD assessment at our clinic. Your feedback will help us evaluate and improve our services. Thank you for taking the time to complete this survey. Your responses are entirely voluntary, and you may refuse to complete any part or all of this survey. Please answer openly and honestly.

1. Please enter the date (or approximate date) your assessment was completed.

Date

Date

DD/MM/YYYY

2. Your age:

- 12 - 17 years old
- 18 - 24 years old
- 25 - 64 years old
- 65+ years old

3. What gender do you identify as?

- Male
- Female
- Trans-gender
- Non-binary
- Prefer not to answer

Other (please specify)

4. Was the clinic process explained to you?

- Yes
- No

5. Do you understand your diagnosis?

- Yes
- No

6. Do you have an increased understanding of how FASD affects you?

- Yes
- No

7. Are you more aware of your needs and strengths?

- Yes
- No

8. Do you have an increased understanding of the resources and services available in your community?

- Yes
- No

9. Were you treated respectfully by the clinic staff?

Yes

No

10. I require further assistance in the following areas (click all that apply).

Physical Health

Attachment

Family Cohesion

Social Functioning

Mental Health and Regulation

Education

Identity

Community Engagement

Adaptive Skills

Employment and Finances

Housing

Parenting

Access to AFSD assessment services

Access to other community resources

Other (please specify)

11. Do you have other comments or suggestions? If yes, please explain.