

LEEDS ADULT SOCIAL CARE SERVICES

REVIEW OF INCOME REVIEW CONSULTATION

**QUESTIONS FOR INDIVIDUAL USERS OF DAY SERVICES
AND THEIR CARERS**

1. Do you remember receiving a copy of the questionnaire?

YES/NO

2. Did you complete a questionnaire?

YES/NO

3. If not why not?

Comments:

4. How could we have done it better?

Comments: