

Adult household member feedback form 18+

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Date:

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First off, tell us your name

Do you get on well living in your home? Is there anything you would change?

**Are you currently in education, training, employed, or unemployed?
What are your plans and are you receiving support with this?**

What do you enjoy doing in your spare time?

Do the people you live with support you and listen to your views?

Are you assisted in how to manage money appropriately?

Do you feel like you have someone you can talk to if something is worrying you?

Is there anything else you would like to add?

Do you wish to speak to a member of the team Yes No