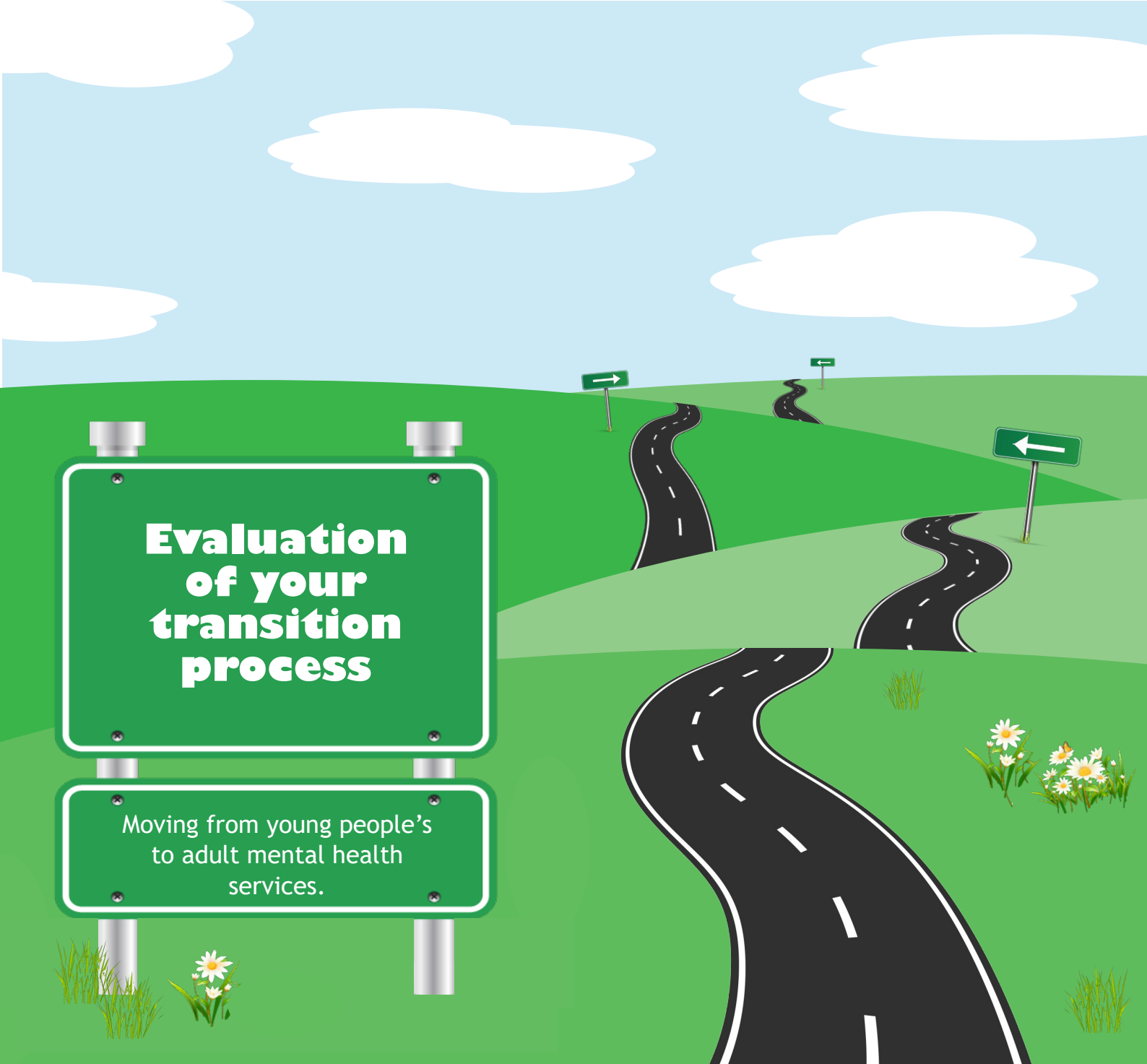




Children and Adolescent Mental Health Services and Adult Mental Health Services would be grateful if you could complete this evaluation form so that if there is a need, the process can be reviewed to make it smoother for young people. All your honest feedback is welcomed.



Scottish Government  
Riaghaltas na h-Alba  
[gov.scot](http://gov.scot)



## My Voice

Have your concerns and questions been addressed throughout the transition process?

*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

---

Did you feel your voice was listened to during your transition process?

*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

---

Did you feel included, and able to have a say, on your transition journey?

*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

---

Do you feel your thoughts and opinions were taken on board and respected?

*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

---

Were the views of those important to you included in the planning process?

*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

---



# Information

Did someone explain the transition process to you?  
*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

Did you receive a copy of the guidance document which informs you about your transition?  
*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

Were you able to access advocacy, if needed?  
*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

Did you feel that you had all the information you needed to transition?  
*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

Were you made aware of other support services that could support you and your mental health?  
*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---



## Who

Did you feel you had enough support from everyone that you worked with throughout the transition?

*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

Did you meet your new lead practitioner before you transferred to adult mental health services?

*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

## Timescale

Was your transition to adult mental health services at a pace that was comfortable for you?

*(Please rate from 1 to 5 (1 meaning poor, 5 meaning excellent) in addition to any comments you may have)*

---

---

---

---

## Any other feedback?

---

---

---

---

---

---

---

---

Once completed, please send to your Child and Adolescent Mental Health Services and Adult Mental Health Services teams to enable both teams to continue to improve services offered to young people.



Scottish Government  
Riaghaltas na h-Alba  
[gov.scot](http://gov.scot)