# Kiritaki Aromātai / Client Evaluation Form

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| Te Rā (Date) |  |
| Ingoa (Name) |  |

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| Were your goals met? | Fully Partially  Not Met |

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| If you did not meet your goals, what was the main reason? |  |
| What was/were the most valuable aspect(s) of Te Piki Oranga service? |  |
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**Please rate our performance in terms of the following:**

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|  | (1) = Kāore he pai (Not so good) | (2) = Ahua pai (So, so) | (3) = Pai (Good) | (4) = Tino Pai (Very good) | (5) = Pai rawa atu (Excellent) |
| The kaimahi made me feel welcome and comfortable |  |  |  |  |  |
| The advice given was helpful |  |  |  |  |  |
| My Health Plan was appropriate for my needs |  |  |  |  |  |
| The kaimahi carefully explained health issues to me and how I could manage these |  |  |  |  |  |
| The service was culturally appropriate |  |  |  |  |  |
| Office spaces and consultation rooms are welcoming and comfortable |  |  |  |  |  |
| Whānau are always at the centre of care |  |  |  |  |  |
| The service was easy to access |  |  |  |  |  |

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|  | (1) = Kāore he pai (Not so good) | (2) = Ahua pai (So, so) | (3) = Pai (Good) | (4) = Tino Pai (Very good) | (5) = Pai rawa atu (Excellent) |
| Whānau are empowered to take control of their own wellbeing |  |  |  |  |  |
| My understanding & management of my health issues has improved |  |  |  |  |  |
| A holistic approach to the care of the whānau is taken by kaimahi |  |  |  |  |  |
| The goals and tasks set helped manage my health issues |  |  |  |  |  |
| I felt supported to reach my goals |  |  |  |  |  |

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| What could the kaimahi have done better? |  |
| Do you have any questions for Te Piki Oranga to improve its services? |  |
| Any further comments |  |
| Please provide us with your e-mail address if you wish to receive a copy for your evaluation. |  |

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Thank you for completing this form. Kia kaha, kia māia, kia manawanui.