





# 2017 Parkinson's Auckland Membership Survey

We need your feedback and comments to ensure that the services Parkinson's Auckland is offering you meet your needs. Please help us by completing this survey and returning it to us by post. Thank you.

Please circle the number appropriate to your opinion of the service.

Does the Community Educator Service meet your needs?							Comments
Overall Community Educator Service	1	2	3	4	5	N/A	
Phone contact with a Community Educator	1	2	3	4	5	N/A	
Visit by a Community Educator	1	2	3	4	5	N/A	
Parkinson's Groups	1	2	3	4	5	N/A	
Exercise Groups	1	2	3	4	5	N/A	

Developments you would like to see in the Community Educator Service. Are there other services that you would like Parkinson's Auckland to provide?

What do you find useful about the Parkinson's Auckland newsletter? What else would you like us to cover in the newsletter?

Which activity from Parkinson's Auckland has been the most beneficial?

What is your most useful source of information about Parkinson's?

## OTHER ACTIVITIES, THERAPIES AND SUPPORT

Which type(s) of exercise do you do? How often do you exercise?

Have you ever had a physiotherapy assessment or course of treatment? Yes / No

Have you ever had a speech and language assessment or course of treatment? Yes / No

Have you ever had an occupational therapy assessment or course of treatment? Yes / No

Overall do you believe you receive enough support in living day to day with Parkinson's? Yes / No

I am (please circle as appropriate)

Person with Parkinson's / Carer / Family member / Health Professional

Name

Address

Email

Mobile

Please note name and address is optional but necessary if you want a reply to questions raised.