



EXIT QUESTIONNAIRE Youth Care Parents

Name of institution: _____

Type of support: _____

This questionnaire is about the support you received and its outcome. We would be grateful if you could complete this questionnaire so that we can improve the support we provide. Below are a number of statements. Read each statement and choose the answer that best describes your experience. You can choose between 'completely disagree', 'disagree', 'agree' and 'completely agree'. Only tick one answer for each statement.

Statements		completely disagree	disagree	agree	completely agree
1	The support from [name of institution] went well				
2	[Name of institution] helped me with the things that were important to me				
3	I know where to go if I need further support				
4	The support I received from [name of institution] has made me more confident about the future				
5	[Name of institution] made decisions with me instead of about me				
6	[Name of institution] helped me with what I went there for				
7	I felt taken seriously by [name of institution]				
8	I achieved what I needed to through the support of [name of institution]				
9	The support workers at [name of institution] did their jobs well				

10	I got enough support to be able to take the next steps on my own
Tick the option that best applies to you below	
Completely disagree - I still need this or a more intensive form of support	
Disagree - but I am managing with less support	
Agree - I don't need any further support for now, but there may be times I want to seek support in the future	
Completely agree - I do not need any further support	

11. Please rate how useful you found the support from [name of institution] on a score from 1 to 10:

(1 = not useful at all, it didn't help me; 10 = excellent, it helped me a lot).

Circle: 1 2 3 4 5 6 7 8 9 10

Open-ended questions

12. What do you like about the support provided by [name of institution]?

13. What don't you like about the support provided by [name of institution]?

14. Is there anything else you would like to say about the support provided by [name of institution]?

Client details

How old are you?

..... years

What is your gender?

0 male

0 female

How old is your child?

..... years

What is your child's gender?

0 male

0 female

What is your country of birth?

.....

What language do you mainly speak?

.....

When did you first start receiving support?

..... - (month-year)

When did you stop receiving support?

..... - (month-year)

What is your highest level of education?

0 primary education

0 preparatory secondary vocational
education (vmbo): preparatory vocational
education (vbo) or junior general secondary
education (mavo)

0 senior general secondary education
(havo)/pre-university education (vwo)

0 senior secondary vocational education
(mbo)

0 higher professional education
(hbo)/university education (wo)

Date questionnaire completed

..... - - (day-month-year)

Thank you for sharing your answers!