Your Experience of Service

(Community Managed Organisations)

SERVICE NAME	Service code stamped here	STATE C	OR SERV	VICE LO	DGO	1	
mental health consumers. It i Standards for Mental Health	This questionnaire was developed is based on the Recovery Principles of the Services. It aims to help mental health is services. If you would like to know more	ie Aus servic	stralia es an	ın Na d con	tiona sume	ers to	
Completion of the survey is ve	oluntary. All information collected in th	is que	stion	naire	is an	onyn	าดน
	ected will be used to identify you. It wou ase leave any question blank if you don					ould	
Please put a cross in just one	e box for each question, like this				х		L
These questions ask <i>how ofte</i>	en we did the following things						
-	have received from this service within at was your experience in the following	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt comfortable using	this service						
2.Staff showed respect for he	ow you were feeling						
3. You felt safe using this serv	vice						
4. Your privacy was respected	d						
5.Staff were positive for you	r future						
6. Your individuality and valu- culture, faith or gender ide	es were respected (such as your intity, etc.)						
7.Staff made an effort to cor	itact you when you wanted						
8. You had access to the staff you needed	involved in your support or care when						Ľ
9. You would make a complai about your support or care	nt to this service if you had a concern						G
10. You had opportunities for in your support or care if	your family and friends to be involved						Ľ

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not applicable	
11. Your opinions about the involvement of family or friends in your support or care were respected							
12.The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)							
13. You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)							
14. You were listened to in all aspects of your support or care							
15.Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)							
16.You had opportunities to discuss your support or care needs with staff							
17.The support or care available met your needs							
18.Staff talked with you about your physical health in a way that was useful							

These questions ask \boldsymbol{how} well we did the following things . . .

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Poor	Fair	дооб	Very Good	Excellent	Not applicable
19.Information available to you about this service (such as how the						
service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)				Н		
20. Explanation of your rights and responsibilities						
21. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)						
22.Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy,		П		Н		П
employment, health, etc.)				ы		
23. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)						

As a result of your experience with the service in the last 3 months or less please rate the following:	Poor	Fair	Poog	Very Good	Excellent
24. The effect of the service on your hopefulness for the future					
25. The effect of the service on your ability to manage your day to day life					
26. The effect of the service on the management of your physical health					
27.The effect of the service on your overall well-being					
28.Overall, how would you rate your experience with this service in the last 3 months?					
Please provide any extra comments					
30. The best things about this service were					

The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information collected in this section will be used to identify you.

What is your gender?	Male	Fen	nale	Other
What is the main language you speak at home?	English	Other		
Are you of Aboriginal or Torres Strait Island origin?	No Yes - Abor Yes - Torre Yes - Abor	es Strait Isl	ander Torres Strait	t Islan d er
What is your age?	Under 18 y 25 to 34 ye 45 to 54 ye 65 years a	ears ears		18 to 24 years 35 to 44 years 55 to 64 years
How long have you been receiving support or care from this service?	Less than 2 1 day to 2 1 to 3 mor More than	weeks		3 to 4 weeks 4 to 6 months
Did someone help you complete this survey?	Yes - consi	uage or culumer work	d Itural interpr ker or peer w nember from	vorker

This area would be modified depending on state/territory or organisation, to add

- Instructions for where to send completed questionnaire
 - Contact details for extra information