Your Experience of Service	Service Name:
(Community Managed Organisations)	Service Type:
Short Form	Survey Number:

Your feedback is important. This questionnaire was developed with mental health consumers. It is based on Completion of the survey is voluntary. All information collected in this questionnaire is anonymous. None of

Standards for Mental Health Services. It aims to help would be helpful	the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it.					
Please put a cross	in just d	ne box	for ea	ch ques	tion, l	ike this.
	×					
These questions ask <b>how often</b> we did the following things			4			
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
You felt comfortable using this service						
2. Staff showed respect for how you were feeling						
3. Staff were positive for your future						
4. You had opportunities for your family and friends to be involved in your support or care if you wanted						
5. You were listened to in all aspects of your support or care						
6. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)						
7. The support or care available met your needs						
These questions ask <b>how well</b> 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	Good	Very Good	Excellent	Not applicable
8. 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.)						
9. Explanation of your rights and responsibilities						
10. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)						
11.Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)						
12. 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 rate the following:	: 3 months or less please	Poor	Fair	Good	Very Good	Excellent	Not applicable
13.Overall, how would you rate your experience with thi months?	s service in the last 3						
14. My experience would have been better if							
15. The best things about this service were							
The information in this section helps us to know if we are tells us if some groups of people have a better or worse esto improve services. No information collected in this section	experience than others. Kn	owing					
16. What is your gender?	□ <sub>1</sub> Male □ <sub>2</sub> Female		oth€	er			
17. What is the main language you speak at home?	☐ <sub>1</sub> English Other						2
18. Are you of Aboriginal or Torres Strait Island origin?	$\square_1$ No $\square_2$ Yes - Aboriginal $\square_3$ Yes - Torres Strait Is $\square_4$ Yes - Aboriginal and			t Islan	der		
19. What is your age?	$\square_1$ Under 18 years $\square_3$ 25 to 34 years $\square_5$ 45 to 54 years $\square_7$ 65 years and over			35 to	24 yea 44 yea 64 yea	rs	
20. How long have you been receiving support or care from this service?	$\square_1$ Less than 24 hours $\square_3$ 3 to 4 weeks $\square_5$ 4 to 6 months			1 to 3	to 2 wonth	าร	ths
21. Did someone help you complete this survey?	☐ 1 No ☐ 2 Yes — family or frien ☐ 3 Yes — language or cu ☐ 4 Yes — lived experien ☐ 5 Yes — another staff r ☐ 6 Yes — someone else	ıltural ce/pe	er work	ker	ervice		