

Your Experience of Service Primary Health Network (YES PHN) Survey

Your feedback is important. This questionnaire was developed with service consumers. It aims to help providers and consumers to work together to build better services. Completion of the survey is voluntary. All information collected in this survey is anonymous. None of 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. You should read the Participant Information Form before deciding if you want to complete this survey.

Please put a cross in just one box for each question, like this . . .

1	<input type="radio"/>	2	<input checked="" type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	5	<input type="radio"/>
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These questions ask **how often** we did the following things . . .

<i>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? (Check one response for each question)</i>							Not applicable
Never	Rarely	Sometimes	Usually	Always			
1. You felt welcome using this service	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
2. You felt safe using this service	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
3. You had access to this service when you needed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
4. You had opportunities for your family and friends to be involved in your support or care if you wanted	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 9	
5. Staff were able to provide information or advice to help you manage your physical health if you wanted	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
7. This service listened to and followed up on feedback or complaints	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
8. The service respected your right to make decisions	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
9. The support or care available met your needs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		

These questions ask **how well** we did the following things . . .

<i>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? (Check one response for each question)</i>						Not applicable	
Poor	Fair	Good	Very Good	Excellent			
10. Access to a peer worker/ lived experience worker, if you wanted	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 9	
11. Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
12. Development of a plan with you that considered all of your needs (including support, coordination and follow up)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 9	

Your Experience of Service PHN Survey

As a result of your experience with the service in the last 3 months or less please rate the following...

(Check one response for each question)

Poor Fair Good Very Good Excellent

	Poor	Fair	Good	Very Good	Excellent
13. The effect of this service on your hopefulness for the future	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14. The effect of this service on your skills and strategies to look after your own health and wellbeing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
15. The effect of this service on your ability to manage your day to day life	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
16. Overall, how would you rate your experience with this service in the last 3 months?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

17. My experience would have been better if . . . (write in)

18. The best things about this service were . . . (write in)

Demographic questions

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.

19. What is your gender identity?	<input type="checkbox"/> 1 Male	<input type="checkbox"/> 2 Female	<input type="checkbox"/> 3 Other _____
20. What is the main language you speak at home?	<input type="checkbox"/> 1 English	<input type="checkbox"/> 2 Other _____	
21. Are you of Aboriginal or Torres Strait Island origin?	<input type="checkbox"/> 1 No	<input type="checkbox"/> 2 Yes - Aboriginal	<input type="checkbox"/> 3 Yes – Torres Strait Islander <input type="checkbox"/> 4 Yes – Aboriginal and Torres Strait Islander
22. What is your age?	<input type="checkbox"/> 1 Under 18 years	<input type="checkbox"/> 2 18 to 24 years	<input type="checkbox"/> 3 25 to 44 years <input type="checkbox"/> 4 45 to 64 years <input type="checkbox"/> 5 65 years and over
23. How long have you been receiving support or care from this service?	<input type="checkbox"/> 1 1 day to 2 weeks	<input type="checkbox"/> 2 3 to 4 weeks	<input type="checkbox"/> 3 1 to 3 months <input type="checkbox"/> 4 4 to 6 months <input type="checkbox"/> 5 More than 6 months
24. Who referred you to this service?	<input type="checkbox"/> 1 Family doctor/ GP	<input type="checkbox"/> 2 Nurse	<input type="checkbox"/> 3 Another health professional <input type="checkbox"/> 4 Myself <input type="checkbox"/> 5 Other, please write in _____
25. How involved were you in choosing this service?	<input type="checkbox"/> 1 Not at all involved	<input type="checkbox"/> 2 A little involved	<input type="checkbox"/> 3 Fully involved
26. Did someone help you complete this survey?	<input type="checkbox"/> 1 No	<input type="checkbox"/> 2 Yes - family or friend	<input type="checkbox"/> 3 Yes – someone from the service <input type="checkbox"/> 4 Yes - someone else

Thank you for your time completing this survey. Remember, if anything in this survey has upset you, you can talk to your local doctor, mental health worker or call Lifeline on 13 11 14.