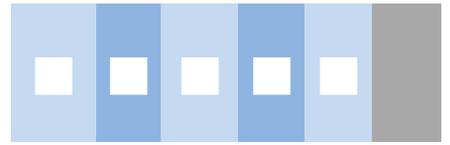


11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)



SAMPLE

These questions ask **how often** 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:

- 12. You were listened to in all aspects of your care and treatment
- 13. Staff worked as a team in your care and treatment (for example, you got consistent information and didn't have to repeat yourself to different staff)
- 14. Staff discussed the effects of your medication and other treatments with you
- 15. You had opportunities to discuss your progress with the staff caring for you
- 16. There were activities you could do that suited you
- 17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted

	Never	Rarely	Sometimes	Usually	Always	Not applicable
12. You were listened to in all aspects of your care and treatment	<input type="checkbox"/>					
13. Staff worked as a team in your care and treatment (for example, you got consistent information and didn't have to repeat yourself to different staff)	<input type="checkbox"/>					
14. Staff discussed the effects of your medication and other treatments with you	<input type="checkbox"/>					
15. You had opportunities to discuss your progress with the staff caring for you	<input type="checkbox"/>					
16. There were activities you could do that suited you	<input type="checkbox"/>					
17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted	<input type="checkbox"/>					

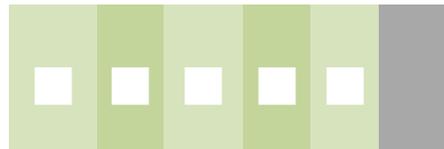
These questions ask **how well** we did the following things ...

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:

- 18. Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)
- 19. Explanation of your rights and responsibilities
- 20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)
- 21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)

	Poor	Fair	Good	Very Good	Excellent	Not applicable
18. Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)	<input type="checkbox"/>					
19. Explanation of your rights and responsibilities	<input type="checkbox"/>					
20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)	<input type="checkbox"/>					
21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)	<input type="checkbox"/>					

22. Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.)



SAMPLE

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

Poor Fair Good Very Good Excellent

23. The effect the service had on your hopefulness for the future

24. The effect the service had on your ability to manage your day to day life

25. The effect the service had on your overall well-being

26. Overall, how would you rate your experience of care with this service in the last 3 months?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Please provide any extra comments

27. My experience would have been better if ...

28. 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 Female Other

What is the main language you speak at home?

English Other

Are you of Aboriginal or Torres Strait Island origin?

No
 Yes - Aboriginal
 Yes - Torres Strait Islander
 Yes - Aboriginal and Torres Strait Islander

What is your age?

Under 18 years 18 to 24 years
 25 to 34 years 35 to 44 years
 45 to 54 years 55 to 64 years
 65 years and over

How long have you been receiving care from this service on this occasion?

Less than 24 hours
 1 day to 2 weeks 3 to 4 weeks
 1 to 3 months 4 to 6 months
 More than 6 months

At any point during the last 3 months were you receiving involuntary treatment (such as an involuntary patient or on a community treatment order) under Mental Health Legislation?

Yes, involuntary patient / on a community treatment order
 No, I was always a voluntary patient
 Not sure

Did someone help you complete this survey?

No
 Yes - family or friend
 Yes - language or cultural interpreter
 Yes - consumer worker or peer worker
 Yes - another staff member from the service
 Yes - someone else

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*

SAMPLE