



Date:

Survey Collector:

Your Experience of Service 2023

Your feedback is important. This questionnaire was developed with mental health consumers. It is based on the Recovery Principals of the Australian National Standards for Mental Health Services. It aims to help mental health services and consumers work together to build better services. If you would like to know more about the survey, please ask for an information sheet.

Completion of the survey is voluntary. All information collected in this questionnaire 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.

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



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:	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt comfortable using this service						
2. Staff showed respect for how you were feeling						
3. Staff were positive for your future						
 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						
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 **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	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 3 months or less please rate the following:	Poor	Fair	Good	Very Good	Excellent	Not applicable
13.Overall, how would you rate your experience with this service in the last 3 months?						
14. My experience would have been better if						
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15. 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.

16. What is your gender?	\square_1 Male \square_2 Female \square_3 Other
17. What is the main language you speak at home?	Image: Image: Description of the sector of t
18. Are you of Aboriginal or Torres Strait Island origin?	 Ino Yes - Aboriginal Yes - Torres Strait Islander Yes - Aboriginal and Torres Strait Islander
19. What is your age?	\square_1 Under 18 years \square_2 18 to 24 years \square_3 25 to 34 years \square_4 35 to 44 years \square_5 45 to 54 years \square_6 55 to 64 years \square_7 65 years and over \blacksquare 4 35 to 44 years
20. How long have you been receiving support or care from this service?	\Box_1 Less than 24 hours \Box_2 1 day to 2 weeks \Box_3 3 to 4 weeks \Box_4 1 to 3 months \Box_5 4 to 6 months \Box_6 More than 6 months
21. Did someone help you complete this survey?	$\Box_1 \text{ No}$ $\Box_2 \text{ Yes} - \text{family or friend}$ $\Box_3 \text{ Yes} - \text{language or cultural interpreter}$ $\Box_4 \text{ Yes} - \text{lived experience/peer worker}$ $\Box_5 \text{ Yes} - \text{another staff member from the service}$ $\Box_6 \text{ Yes} - \text{someone else}$

Chank you for your time and comments

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