

PATIENT INFORMATION AND INSTRUCTIONS

The Clinic is committed to providing excellent customer service and continually strives to enhance the quality of the services we provide.

We would value your feedback on your experience at the Clinic and invite you to complete the following customer service survey.

Please note to ensure that your anonymity is protected no identifying information is requested of you.

STAFF			VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPLICABLE
1 2	Front Office Staff	Courtesy Services and Efficiency	0	1	2	3	4	N/A
3 4	House Keeping Staff	Courtesy Services and Efficiency	0	1	2	3	4	N/A
5 6	Catering Staff	Courtesy Services and Efficiency	0	1	2	3	4	N/A
7 8	Nursing Staff	Courtesy Services and Efficiency	0	1	2	3	4	N/A
9 10	Allied Health Staff	Courtesy Services and Efficiency	0	1	2	3	4	N/A
11 12	ECT Staff	Courtesy Services and Efficiency	0	1	2	3	4	N/A
13 14	Pharmacy Staff	Courtesy Services and Efficiency	0	1	2	3	4	N/A
15 16	Maintenance Staff	Courtesy Services and Efficiency	0	1	2	3	4	N/A
17 18	Social Worker	Courtesy Services and Efficiency	0	1	2	3	4	N/A

How do you think staff can improve their services? _____

ADMISSION			VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPLICABLE
19	Admission procedure		0	1	2	3	4	N/A
20	Information about the admission costs		0	1	2	3	4	N/A
21	Information on your rights and responsibilities		0	1	2	3	4	N/A

How do you think staff can improve their services? _____

CARE AND TREATMENT PROVIDED			VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPLICABLE
22	Treatment provided by your Doctor		0	1	2	3	4	N/A
23	Information provided on your care and treatment options by your Doctor & Staff		0	1	2	3	4	N/A
24	Satisfaction with the outcome of your treatment		0	1	2	3	4	N/A
25	Satisfaction with your length of stay		0	1	2	3	4	N/A
26	Satisfaction with Nursing care		0	1	2	3	4	N/A
27	Satisfaction with Clinic brochures & information		0	1	2	3	4	N/A

How do you think the care and treatment provided could be improved? _____

BINDING MARGIN - DO NOT WRITE

GROUP THERAPY		VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPLICABLE
28	Did you participate in the group therapy program	Yes <input type="checkbox"/>					
	No <input type="checkbox"/>	Reason _____					
	Sometimes <input type="checkbox"/>	Reason _____					
29	Were the groups you attended relevant to your problems & recovery?	0	1	2	3	4	N/A
How do you think the group therapy services could be improved? _____							

FOOD SERVICES		VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPLICABLE
30	Menu selection and variety	0	1	2	3	4	N/A
31	Quality of food	0	1	2	3	4	N/A
32	Quantity of food	0	1	2	3	4	N/A
33	Were Medical and/or cultural dietary needs met	0	1	2	3	4	N/A
How do you think the food services could be improved? _____							

PRE HOSPITAL DISCHARGE		VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPLICABLE
34	Preparation for discharge from hospital	0	1	2	3	4	N/A
35	Instructions regarding medications	0	1	2	3	4	N/A
36	Information provided on how to access relevant community services	0	1	2	3	4	N/A
How do you think the information and planning for your discharge could be improved? _____							

AS A RESULT OF MY CARE & TREATMENT		VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPLICABLE
37	My symptoms are not bothering me as much	0	1	2	3	4	N/A
38	I feel better able to deal with crises	0	1	2	3	4	N/A
39	My sense of wellbeing has improved	0	1	2	3	4	N/A
40	I am more hopeful of the future	0	1	2	3	4	N/A
OVERALL ASSESSMENT		VERY POOR	POOR	FAIR	GOOD	VERY GOOD	NOT APPLICABLE
41	How would you rate the services you have received overall	0	1	2	3	4	N/A
42	How would you rate the facilities at New Farm Clinic overall	0	1	2	3	4	N/A
What did you particularly like about us? _____							

Any additional suggestions on how to improve our services & facilities? _____							

Additional comments? _____							

Please tick the Unit you were in when you completed this questionnaire: Unit 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>							
Thank you for taking the time to complete this questionnaire. Date: _____							

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