

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

24.The effect of the service on your hopefulness for the future

Poor

Fair

Good

Very Good

Excellent

25.The effect of the service on your ability to manage your day to day life

26.The effect of the service on the management of your physical health

27.The effect of the service on your overall well-being

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

Please provide any extra comments

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

30. 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 support or care from this service?

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

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