

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

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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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 support or care from this service?

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