

**BY COMPLETING THIS SURVEY YOU WILL HELP US PROVIDE BETTER SERVICES – THANK YOU !**

Date completed: \_\_\_\_\_

- Do not write your name on the survey – it is anonymous (we don't need to know who filled it in).
- This survey is voluntary but will help us a lot.
- There are no right or wrong answers.
- The quality of the care and support you receive or the way you are treated will not be affected by your answers.

CQRH/RHMS Support Workers  
name (Optional): \_\_\_\_\_

Are you	How old are you?	How many visits/sessions have you had?	How long have you been coming to CQRH/RHMS?	Are you of Aboriginal/TSI origin?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Under 25 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60+	<input type="checkbox"/> Once only <input type="checkbox"/> More than once	<input type="checkbox"/> 1 year or less <input type="checkbox"/> More than 2 years	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, TSI <input type="checkbox"/> No

Please rate the following:

**1. Making an appointment**

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

**2. Booking transport (if required)**

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

**3. Reception (the staff were helpful and respectful?)**

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

**4. Amount of time given for each visit/service/session**

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

**5. How helpful was your CQRH/RHMS Care/Support Worker?**

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

**6. How well did CQRH/RHMS staff encourage you to set goals and identify opportunities to meet those goals?**

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

**7. How adequate were the room and facilities provided?**

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

**8. I was happy with the service I received.**

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

**9. The service was relevant to my needs.**

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

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**9. I felt my Care/Support Provider listened carefully to me and understood my needs.**

Strongly Disagree                      Disagree                      Neutral                      Agree                      Strongly Agree

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**10. The quality of services and support provided to my family/friends/carers/advocates by CQRH/RHMS was excellent.**

Strongly Disagree                      Disagree                      Neutral                      Agree                      Strongly Agree

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**11. I was involved in the decision making process with the CQRH/RHMS Care/Support Worker.**

Strongly Disagree                      Disagree                      Neutral                      Agree                      Strongly Agree

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**12. I would access CQRH/RHMS services again if I needed help in the future and was eligible to do so.**

Strongly Disagree                      Disagree                      Neutral                      Agree                      Strongly Agree

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**13. Any other comments that might help us improve our service?**

This information is being collected to improve the quality of services provided to CQRH/RHMS Clients.

Thank you for taking the time to provide us with this valuable feedback.

Please return to Reception staff in the sealed envelope provided, or scan and email to:

[admin@cqrdgp.com.au](mailto:admin@cqrdgp.com.au) .

*Thank you for participating.*