



Experience of Service Questionnaire (ESQ)

Community Adolescent Mental Health Service (9 - 11 years)

My Age: _____ My gender is: _____

I consider myself to be Aboriginal or Torres Strait Islander: Yes No

At home, the language I speak is: English A language other than English

For each item, please circle the answer that is closest to how you feel about coming here.

1. Did the people you met today listen to you?

Yes Only a little Not really Don't Know

2. Was it easy to talk to the people you met today?

Yes Only a little Not really Don't Know

3. Did the people you saw today treat you well?

Yes Only a little Not really Don't Know

4. Were your ideas and worries taken seriously?

Yes Only a little Not really Don't Know

5. Do you feel that the people here know how to help you?

Yes Only a little Not really Don't Know

6. Do you understand what people here can help you with?

Yes Only a little Not really Don't Know

7. Do you feel that the people here are working together to help you?

Yes Only a little Not really Don't Know

8. Do you remember where your appointment/s are?

Yes Only a little Not really Don't Know

9. Do you remember the time of your appointment/s?

😊 Yes 😐 Only a little 😞 Not really ? Don't Know

10. If a friend needed this sort of help, do you think they should come here?

😊 Yes 😐 Only a little 😞 Not really ? Don't Know

11. Has the help here been good?

😊 Yes 😐 Only a little 😞 Not really ? Don't Know

13. What did you like about the service?

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14. Is there anything you didn't like or anything that needs improving? What could we do better?

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15. Is there anything else you want to tell us about the service you received?

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Thank you for taking the time to complete this questionnaire, your feedback is important to us.

Please place your completed questionnaire in the ESQ Return Box located in the Child & Adolescent reception area.

OFFICE USE ONLY

Date: __/__/__ MH CADS

Point of Service:

Choice Partnership Transfer of care

Appointment conducted at:

Clinic School Home ED Other

Processed by Admin: