X



## Your Experience of Service Questionnaire (YES)

Your feedback is important. This questionnaire was developed with mental health consumers. It is based on the Recovery Principals of the Australian National Standards for Mental Health Services. It aims to help mental health services and consumers work together to build better services. If you would like to know more about the survey, please ask for an information sheet.

Completion of the survey is voluntary. All information collected in this questionnaire is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it.

## Please put a cross in just one box for each question:

Thinking about the care you have within the last 3 months, what y following areas: <i>These questions are how often we did</i>	was your experience in the	Never	Rarely	Sometimes	Usually	Always	Not Applicable
1. You felt comfortable using this served	<i>r</i> ice						
2. Staff showed respect for how you v	vere feeling						
3. Staff were positive for your future							
4. You had opportunities for your fam your support or care if you wanted	ily and friends to be involved in						
5. You were listened to in all aspects	of your support or care						
6. Staff worked as a team in your sup sharing information and attending in							
7. The support or care available met	your needs						

se	inking about the care you have received from this rvice within the last 3 months, what was your experience the following areas:				/ery Good	llent	Not Applicable
Th	ese questions ask <b>how well</b> we did the following:	Poor	Fair	Good	Very	Excellen	Not A
8.	Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)	2					
9.	Explanation of your rights and responsibilities						
10	. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)						
11	. Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)						
12	. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)			H	Н		Н
	a result of your experience with the service in the last 3				pq	t	licable
mo	onths, please rate the following:	Poor	Fair	Good	Very Goo	Excellen	Not Applicable
		Poor	Fair	Good	Very Goo	Excellen	Not App
13	onths, please rate the following: . Overall, how would you rate your experience with this service in the last 3 months?	Poor	Fair	Good	Very God	Excellen	Not App
13	onths, please rate the following:	Poor	Fair	Good	Very God	Excellen	Not App
13	onths, please rate the following: . Overall, how would you rate your experience with this service in the last 3 months?	Poor	Fair	Good	Very God	Excellen	Not App
13	onths, please rate the following: . Overall, how would you rate your experience with this service in the last 3 months?	Poor	Fair	Good	Very God	Excellen	Not App
13	onths, please rate the following: . Overall, how would you rate your experience with this service in the last 3 months?	Boor	Fair	Good	Very God	Excellen	Not App
13	<ul> <li>Overall, how would you rate your experience with this service in the last 3 months?</li> <li>My experience would have been better if</li> </ul>	Boor	Fair	Good	Very God	Excellen	
13	<ul> <li>Overall, how would you rate your experience with this service in the last 3 months?</li> <li>My experience would have been better if</li> </ul>	Boor	Fair	Good	Very Goo	Excellen	
13	<ul> <li>Overall, how would you rate your experience with this service in the last 3 months?</li> <li>My experience would have been better if</li> </ul>	Poor		good	Very Goo	Excellen	
13	<ul> <li>Overall, how would you rate your experience with this service in the last 3 months?</li> <li>My experience would have been better if</li> </ul>	Boor		good	Very Goo	Excellen	

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.

16. What is your gender?	□ Male □ Female □ O	other				
17. What is the main language you speak at	□ English □ Other					
home?	Please specify:					
18. Are you of Aboriginal or Torres Strait Island origin?						
ongine	□ Yes - Aboriginal					
	Yes – Torres Strait Islander					
	Yes – Aboriginal and Torres Strait Islander					
19. 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					
20. 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				
21. Did someone help you complete this survey?	□ No					
	□ Yes – family or friend					
	□ Yes - language or cultural interpreter					
	□ Yes – lived experience/peer worker					
	□ Yes – a staff member					
	$\square_6$ Yes – someone else					

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 Mental Health & Alcohol & Drug reception area.

	OFFICE USE ONLY
	Date:// MH 🗆 CADS 🗆
	Point of Service:
	□ Choice □ Partnership □ Transfer of care
3	Appointment conducted at:
	□ Clinic □School □ Home □ ED □ Other
	Processed by Admin: