



OFFICE USE ONLY

Date: ___/___/___

WACHS Region:

Clinic Location:

Point of Service:

1st Contact 3 month review Discharge

Appointment conducted at:

Clinic Home School ED Other

Experience of Service Questionnaire

12 - 17 years

Your feedback is important to us! It helps us to learn and provide better services for you.

I am _____ years old.

My gender is: Male Female Other

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

Please tick the answer that best describes how you feel about coming here.

1. My cultural needs were met

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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2. The people who saw me listened to me

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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3. It was easy to talk to the people who saw me

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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4. I was treated well by the people who saw me

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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5. My views and worries were taken seriously

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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6. People here know how to help me

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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7. I have been given enough information about the help available here

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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8. The people who have seen me are working together to help me

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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9. The place here is comfortable (e.g. waiting area, toilets, offices)

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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10. My appointments are usually at a good time

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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11. It's easy to get to the place where I have my appointments

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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12. If a friend needed this sort of help, I would suggest that they come here

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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13. Overall the help I have received here has been good

<input type="checkbox"/> True	<input type="checkbox"/> Partly true	<input type="checkbox"/> Not true	<input type="checkbox"/> Don't know
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14. What did you like about the service?

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15. Was there anything here that you didn't like or anything that needs improving? What could we do better?

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16. 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 return your completed questionnaire to our service. You can either put it in the 'Questionnaire Returns' box, or put it in the envelope provided and give it to a staff member. If you want to post it back to us, please ask a staff member for a stamped self-addressed envelope.