

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:	X					
Thinking about the care you have received from this service within the last 3 months, what was your experience in the following areas: These questions are how often we did the following:	Never	Rarely	Sometimes	Usually	Always	Not Applicable
You felt comfortable using this service			Р			
2. Staff showed respect for how you were feeling						
3. Staff were positive for your future						
 You had opportunities for your family and friends to be involved in your support or care if you wanted 						
5. You were listened to in all aspects of your support or care						
6. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)						
7. The support or care available met your needs						

Thinking about the care you have received from this service within the last 3 months, what was your experience in the following areas:			p	Very Good	Excellent	Not Applicable
These questions ask how well we did the following:	Poor	Fair	Good	Very	Ехсе	Not,
 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.) 						
9. Explanation of your rights and responsibilities						
 Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.) 						
 Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.) 						١
12. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)						
As a result of your experience with the service in the last 3 months, please rate the following:				Bood	ent	Not Applicable
	Poor	Fair	Good	Very Goo	Excellent	Not A
13. Overall, how would you rate your experience with this service in the last 3 months?	Poor	Fair	Good	Very (Excell	Not A
	Poor	Fair	Good	Very (Excel	Not A
the last 3 months?	Poor	Fair	Good	Very (Excel	Not A
the last 3 months?	Poor	Fair	Good	Very (Excell	Not A
the last 3 months?	Poor	Fair	Good	Very C	Excell	Not A
the last 3 months?	Poor	Tai Ea	G 000	Very C	Excell	Not A
the last 3 months?	Poor		Good	Very C	Excell	Not A
the last 3 months? 14. My experience would have been better if	Poor		Good	Very C	Excell	Not A
the last 3 months? 14. My experience would have been better if	Poor		Good	Very	Excell	Not A
the last 3 months? 14. My experience would have been better if	Poor		Good	Very C	EXCE	Not A
the last 3 months? 14. My experience would have been better if	Poor		Good	Very C	Excell	Not A
the last 3 months? 14. My experience would have been better if	Poor		Good	Very	Excell	Not A
the last 3 months? 14. My experience would have been better if 15. The best things about this service were	Poor			Very	Excell	Not A

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 ☐ C	Other				
17. What is the main language you speak at	☐ English ☐ Other					
home?	Please specify:					
18. Are you of Aboriginal or Torres Strait Island	□ No					
origin?	☐ Yes - Aboriginal					
	☐ Yes – Torres Strait Islander					
	☐ Yes – Aboriginal and Torres Strait Islander					
10. What is your ago?	□ Under 19 veers	П 10 to 24 voors				
19. What is your age?	☐ Under 18 years ☐ 25 to 34 years	☐ 18 to 24 years ☐ 35 to 44 years				
	☐ 45 to 54 years	☐ 55 to 64 years				
	☐ 65 years and over	a do to o i years				
	,					
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.						
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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	p □ Tran	sfer of care			
Appointment conducted a	at:				
☐ Clinic ☐School ☐ Home ☐ ED ☐ Other					
Processed by Admin: □					

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