



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

Parent / Carer

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

Your child's age: _____

Your child's gender: ☐ Male ☐ Female ☐ Other

I consider my child 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 have seen my child 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 have seen my child

<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 my child

<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 my child

<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 my child are working together to help us

<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. The appointments are usually at a good time (e.g. don't interfere with work, school or family 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 the appointments are

<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 recommend that he or she 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 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.