



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

9 - 11 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 circle the answer that is closest to how you feel about coming here.

1. Did the people who saw you listen to you?

<input type="radio"/> Yes	<input type="radio"/> Only a little	<input type="radio"/> Not really	<input type="radio"/> ? Don't know
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2. Was it easy to talk to the people who saw you?

<input type="radio"/> Yes	<input type="radio"/> Only a little	<input type="radio"/> Not really	<input type="radio"/> ? Don't know
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3. How were you treated by the people who saw you?

<input type="radio"/> Very well	<input type="radio"/> Only a little	<input type="radio"/> Not very well	<input type="radio"/> ? Don't know
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4. Were your ideas and worries taken seriously?

<input type="radio"/> Yes	<input type="radio"/> Only a little	<input type="radio"/> Not really	<input type="radio"/> ? Don't know
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5. Do you feel the people here know how to help you?

<input type="radio"/> Yes	<input type="radio"/> Only a little	<input type="radio"/> Not really	<input type="radio"/> ? Don't know
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6. Were you given enough information about the help available here?

<input type="radio"/> Yes	<input type="radio"/> Only a little	<input type="radio"/> Not really	<input type="radio"/> ? Don't know
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7. Do you feel like the people here are working together to help you?

<input type="radio"/> Yes	<input type="radio"/> Only a little	<input type="radio"/> Not really	<input type="radio"/> ? Don't know
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8. The place where I was seen was

<input type="radio"/> 😊 Comfortable	<input type="radio"/> 😐 OK	<input type="radio"/> ☹️ Uncomfortable	<input type="radio"/> ? Don't know
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9. The time of my appointment was

<input type="radio"/> 😊 Good for me	<input type="radio"/> 😐 OK	<input type="radio"/> ☹️ Not good for me	<input type="radio"/> ? Don't know
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10. The place where I have my appointments was

<input type="radio"/> 😊 Easy to get to	<input type="radio"/> 😐 Ok to get to	<input type="radio"/> ☹️ Hard to get to	<input type="radio"/> ? Don't know
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11. If a friend needed this sort of help, do you think they should come here?

<input type="radio"/> 😊 Yes	<input type="radio"/> 😐 Maybe	<input type="radio"/> ☹️ Not really	<input type="radio"/> ? Don't know
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12. Has the help here been good?

<input type="radio"/> 😊 Yes	<input type="radio"/> 😐 Only a little	<input type="radio"/> ☹️ Not really	<input type="radio"/> ? Don't know
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13. What was really good about coming here?

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14. Was there anything here that 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 coming here?

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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.