

**** Please see comment at end of survey regarding safeguarding your privacy if you choose to return this questionnaire by email.**

PATIENT EXPERIENCE QUESTIONNAIRE

Q1 - Access and availability: Making an appointment and getting to the Clinic

Making an appointment and waiting to see a clinician at this visit <i>Please rate each statement</i>							
Statements	Poor	Fair	Good	Very Good	Excellent	Does Not Apply	Don't Know
Seeing the clinician of your choice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
The time you had to wait after you arrived at the clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Getting an appointment for a time that suited you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Q2 - Interpersonal skills of reception staff

Your experience with reception staff at this visit <i>Please rate each statement</i>							
Statements	Poor	Fair	Good	Very Good	Excellent	Does Not Apply	Don't Know
Considered your needs when making an appointment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Let you know about any delays while you were waiting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Were courteous and polite	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Q3 - Interpersonal skills of clinicians (doctor, nurse or other healthcare provider)

Your experience of the interpersonal skills of the clinician at this visit <i>Please rate each statement</i>							
Statements	Poor	Fair	Good	Very Good	Excellent	Does Not Apply	Don't Know
Had enough time to talk about the things that were important to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Showed sensitivity to your concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Told you all you wanted to know about your condition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Q4 -Communication skills of clinicians (doctor, nurse or other healthcare provider)

Your experience of the way clinicians communicated with you at this visit <i>Please rate each statement</i>							
Statements	Poor	Fair	Good	Very Good	Excellent	Does Not Apply	Don't Know
Helped you understand your medical condition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Explained the purpose of tests and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Allowed you to have final choice about treatments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Q5 - Information provided by Clinicians (doctor, nurse or other healthcare provider)

Your experience of the information given to you by clinicians at this visit <i>Please rate each statement</i>							
Statements	Poor	Fair	Good	Very Good	Excellent	Does Not Apply	Don't Know
The amount of useful information given about your condition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Information about how to take your medicines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Information about side effects of any treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Q6 - Privacy and Confidentiality

Your experience of privacy at this visit <i>Please rate each statement</i>							
Statements	Poor	Fair	Good	Very Good	Excellent	Does Not Apply	Don't Know
Privacy when you were examined	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Being able to discuss personal issues that were sensitive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
The way in which information was given to other clinicians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Q7 - Continuity of Care

Your experience of the way your clinician worked with other healthcare professionals at this visit <i>Please rate each statement</i>							
Statements	Poor	Fair	Good	Very Good	Excellent	Does Not Apply	Don't Know
The clinician was aware of advice you had received from other health professionals e.g. specialists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Gave you options for specialists or other providers you need to see	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Gave the right amount of information to other healthcare professionals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Q8 - Experience at your consultation

Thinking about your experience with The Glen Superclinic at this consultation <i>Please rate each statement</i>							
Statements	Poor	Fair	Good	Very Good	Excellent	Does Not Apply	Don't Know
Being able to see a doctor at the clinic when you needed urgent care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Being able to see the doctor of your choice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Providing your test results in an understandable way	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Some things about you

Q9 - Are you	Q10 - Do you consider yourself to be of Aboriginal and/or Torres Strait Islander descent?
<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
Q11 – How would you identify your ethnicity or race? E.g. Malaysian Chinese	Q12- Which languages do you speak at home? Tick all spoken
<input type="checkbox"/> 1 <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 English
Q13 - What is your age?	<input type="checkbox"/> 2 Mandarin
<input type="checkbox"/> 1 15 – 24 years	<input type="checkbox"/> 3 Cantonese
<input type="checkbox"/> 2 25 –44 years	<input type="checkbox"/> 4 Hindi
<input type="checkbox"/> 3 45 – 64 years	<input type="checkbox"/> 5 Sinhalese
<input type="checkbox"/> 4 65 years or over	<input type="checkbox"/> 6 Vietnamese
<input type="checkbox"/> 5 Don't wish to say	<input type="checkbox"/> 7 Arabic
Q14 - How long have you been coming to this practice?	<input type="checkbox"/> 8 Other <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> 1 Less than 1 year	Q15 - Do you have any of these concession cards?
<input type="checkbox"/> 2 1 –2 years	<input type="checkbox"/> 1 Health Care Card
<input type="checkbox"/> 3 3 years or more	<input type="checkbox"/> 2 Pensioner or DVA Card
<input type="checkbox"/> 4 Not sure	<input type="checkbox"/> 3 Student Health Insurance card
Q16 - How many times have you visited this practice over the past 12 months?	<input type="checkbox"/> 4 Not covered by any concession card
<input type="checkbox"/> 1 Only this visit	Q17 - What is the highest level of education you have reached?
<input type="checkbox"/> 2 2 – 5	<input type="checkbox"/> 1 Some high school
<input type="checkbox"/> 3 6 – 10	<input type="checkbox"/> 2 Completed high school
<input type="checkbox"/> 4 11 or more	<input type="checkbox"/> 3 Currently studying for a degree or diploma
<input type="checkbox"/> 5 Not Sure	<input type="checkbox"/> 4 Completed a trade or technical qualification
Q18 - Was this visit for yourself or someone you are caring for?	<input type="checkbox"/> 5 Completed a degree or diploma
<input type="checkbox"/> 1 Self	<input type="checkbox"/> 6 Postgraduate degree
<input type="checkbox"/> 2 Someone else	

Q19 - If you could change one thing about this practice, what would you change?

**** Returning Questionnaire by email:**

The Glen Superclinic is committed to safeguarding your personal information, *however, we advise that there are risks associated with electronic communications – the information could be intercepted or read by someone other than the intended recipient.*

Your privacy is important to us and the following measures will be in place for Surveys returned to us by email:

- Numerical data from your survey responses will be extrapolated to a Data Response Table
- Other than patient demographic relating to Age, Gender, ATSI status, Language, Concession Cards, number of visits, Level of Education – **no personal information such as name, address or date of birth will be extracted**
- Your survey response will be saved with all your personal information removed, and the email you send will be deleted.

Alternatively, you may **fax or mail** the Questionnaire to us.