

XXXX

XXXX
XXXX

Telephone:

Email:

Facsimile:

Consumer Survey

This form may be completed by the Consumers Carer or Guardian

The following questions are about the service you have been receiving. Your answers and comments will help XXX to improve services provided through day programs.

- Your views are important to us and we look forward to receiving your reply.
- However you do not need to complete this form and return this survey, if you do not wish to. Also, you may leave blank any questions you would rather not answer.
- Your replies to the survey questions will be kept completely confidential.

Please return your completed survey form in the envelope provided.

Thank you for helping us to help improve the services you receive.

1. Does XXX provide you with help in the way they said they would provide that meets your individual needs?

Yes all of the time	<input type="checkbox"/>	1
Most of the time	<input type="checkbox"/>	2
Some of the time	<input type="checkbox"/>	3
Not at all	<input type="checkbox"/>	4
Don't know	<input type="checkbox"/>	5

2. Does XXX explain to you its decisions about the services it will provide?

Fully explains decisions	<input type="checkbox"/>	1
Partly explains decisions	<input type="checkbox"/>	2
Does not explain decisions	<input type="checkbox"/>	3
Don't know	<input type="checkbox"/>	4

3. If XXX needs to make changes to your service, do they give you enough notice?

Yes enough notice	<input type="checkbox"/>	1
Some notice given	<input type="checkbox"/>	2
No, no notice given	<input type="checkbox"/>	3
Don't know	<input type="checkbox"/>	4
Doesn't apply	<input type="checkbox"/>	5

4. If XXX needs to make changes to your service, do they explain why these changes are necessary?

Fully explains changes	<input type="checkbox"/>	1
Partly explains changes	<input type="checkbox"/>	2
Does not explain changes	<input type="checkbox"/>	3
Don't know	<input type="checkbox"/>	4
	<input type="checkbox"/>	

5. What type of help do you currently receive from XXX?

6. Does XXX provide you with a day program service that suits your needs and achieves your goals?

- Yes, all the time 1
- Most of the time 2
- No, not at all 3

7. Have you received any information from XXX about how you could obtain or use an advocate?

- Yes 1
- No 2
- Don't know 3
- Previously 4
- Not relevant 5

8. If you wanted to, do you feel that you could have a say as a consumer in the way XXX does things?

- Yes, a lot of say 1
- Some say 2
- No say 3
- Don't know 4
-

9. Is XXX sensitive and responsive to any financial limitations you may have?

- | | | |
|----------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| Partly | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| Not applicable | <input type="checkbox"/> | 4 |
-

10. Is XXX sensitive and responsive to the additional needs you may have because you live in rural or remote area?

- | | | |
|----------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| Partly | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| Not applicable | <input type="checkbox"/> | 4 |
-

11. Is XXX sensitive and responsive to the customs and traditions of your nationality and culture?

- | | | |
|------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |
-

12. Do you feel that your information is kept confidential and respect and maintained accurately?

- | | | |
|----------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| Partly | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| Not applicable | <input type="checkbox"/> | 4 |
-

13. Do you feel that management are respectful of consumers and staff and provide a service and environment that is safe and pleasant?

- | | | |
|------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| Partly | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| Don't know | <input type="checkbox"/> | 4 |
-

14. Do you feel that XXX supports you in participating in the community by using facilities and other services that reflect your interests?

- | | | |
|--------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| Partly | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
-

15. Do you feel that any complaints that you may have about XXX or its service, are dealt with fairly, smoothly and confidentially?

- | | | |
|-----------------------|--------------------------|---|
| Yes, all the time | <input type="checkbox"/> | 1 |
| Yes, most of the time | <input type="checkbox"/> | 2 |
| No, not at all | <input type="checkbox"/> | 3 |
-

16. If you have been answering this survey for someone else (who could not complete it themselves), please indicate your relationship to the person you have answered it for.

- | | | |
|------------------------|--------------------------|---|
| Family member | <input type="checkbox"/> | 1 |
| Friend | <input type="checkbox"/> | 2 |
| Spouse/partner | <input type="checkbox"/> | 3 |
| Carer | <input type="checkbox"/> | 4 |
| Other (please specify) | <input type="checkbox"/> | 5 |
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