

# The Consumer's Perspective of the Quality of Care

## SURVEY

Date: \_\_\_\_\_

Staying healthy can be hard when you have a chronic condition. This survey will help your health centre team understand what you think about the care you are receiving from them for your condition. This can then help them care for you better.

### SECTION 1

#### 1. In general, would you say your health is...

*Please circle.*



**POOR**

①



**FAIR**

②



**GOOD**

③



**VERY GOOD**

④



**EXCELLENT**

⑤

2. Your date of birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Your sex  Male  Female

#### 4. Which condition/s do you have?

*Tick all boxes that apply (or none).*

Diabetes

Lung problems

Heart problems

Cancer

Kidney problems

Other – please specify \_\_\_\_\_

#### 5. Do you identify as being of Australian Aboriginal and/or Torres Strait Islander origin?

*Tick one box.*

Aboriginal

Both Aboriginal and Torres Strait Islander

Choose not to identify

Torres Strait Islander

Neither Aboriginal nor Torres Strait Islander

#### 6. In general, would you say that your care is well suited to your needs?

*Please circle.*



**STRONGLY  
DISAGREE**

①



**SLIGHTLY  
DISAGREE**

②



**NEUTRAL**

③



**SLIGHTLY  
AGREE**

④



**STRONGLY  
AGREE**

⑤

## SECTION 2

### In the last 12 months the clinic staff...

Please circle one number on each line.



NONE OF THE TIME

LITTLE OF THE TIME

SOME OF THE TIME

MOST OF THE TIME

ALL OF THE TIME

#### Access to care

1. Made it easy for me to be seen at the clinic.	1	2	3	4	5
2. Checked that I was able to get the treatments recommended for me.	1	2	3	4	5

#### Participation in care

3. Asked me for my ideas about my treatment plan.	1	2	3	4	5
4. Involved me in choosing my treatments.	1	2	3	4	5
5. Asked me to talk about problems with my medicines.	1	2	3	4	5

#### Care design

6. Gave me good information about improving my health.	1	2	3	4	5
7. Organised my care well for me.	1	2	3	4	5
8. Talked to me about how my health is going.	1	2	3	4	5

#### Care planning and self-management

9. Asked me what changes I can make to my lifestyle to feel healthy.	1	2	3	4	5
10. Helped me to make a plan to feel healthy.	1	2	3	4	5
11. Offered me a copy of my health plan.	1	2	3	4	5

#### Respectful care

12. Respected me and my beliefs when treating me.	1	2	3	4	5
13. Were respectful to me when talking about getting healthy.	1	2	3	4	5
14. Helped me to think about staying healthy even in the hard times.	1	2	3	4	5
15. Asked me how my condition affects my life.	1	2	3	4	5

#### Care coordination and follow-up

16. Contacted me after a visit to see how I was going.	1	2	3	4	5
17. Reminded me when my next check up was due.	1	2	3	4	5
18. Asked me to see a specialist for my condition.	1	2	3	4	5
19. Helped me get to my specialist appointments.	1	2	3	4	5

## SECTION 3

Would you like to provide any recommendations for improving your care?

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The development of this tool was funded by the Lowitja Institute and the ABCD National Research Partnership Project (funded by NHMRC Grant No 545267; the Lowitja Institute; in-kind and financial support from a range

of Community Controlled and Government agencies). The input and advice from community members, health services and expert reviewers in the development of this tool is gratefully acknowledged.

