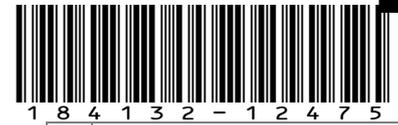


Practice Accreditation and Improvement Survey

Sydney Medical Service Co-Op Ltd



OFFICE USE ONLY	Org ID	12475	
	Survey ID	50760	
	GP PID	998	

YOU CAN HELP THIS GENERAL PRACTICE IMPROVE ITS SERVICE

- Your practice would welcome your feedback. If you choose not to participate, your care will not be affected.
- No-one at the practice will be able to identify your personal responses. Anonymised data may be used for research.
- If you are filling out this questionnaire on behalf of someone else please give their judgment of their experience if possible.
- Please mark the box like this with a ball point pen. If you change your mind just cross out your old response and make your new choice (with a tick in the box)

Please rate the following		Poor	Fair	Good	Very Good	Excellent
1	My level of satisfaction with making an appointment	<input type="checkbox"/>				
2	Opportunity of speaking to a clinician on the telephone when necessary	<input type="checkbox"/>				
3	Opportunity for obtaining a home or other visit when necessary	<input type="checkbox"/>				
4	Level of satisfaction with the after-hours service	<input type="checkbox"/>				
5	Chances of seeing the clinician of my choice	<input type="checkbox"/>				
6	Comfort level of consultation and waiting areas	<input type="checkbox"/>				
7	Availability of privacy if needed or distressed, including asking my permission if a third party is invited to be present (e.g. medical student, family or staff member)	<input type="checkbox"/>				
8	Length of time waiting to see the doctor/nurse	<input type="checkbox"/>				
About the doctor/nurse (whom you just saw)		Poor	Fair	Good	Very Good	Excellent
9	My overall satisfaction with this visit to the doctor/nurse is	<input type="checkbox"/>				
10	The warmth of the doctor/nurse's greeting to me was	<input type="checkbox"/>				
11	On this visit I would rate the doctor/nurse's ability to really listen to me as	<input type="checkbox"/>				
12	The doctor/nurse's explanations and information provided about my medical condition was	<input type="checkbox"/>				
13	The extent to which I felt reassured by the doctor/nurse was	<input type="checkbox"/>				
14	My confidence in the doctor/nurse's ability is	<input type="checkbox"/>				
15	The opportunity the doctor/nurse gave me to express my concerns or fears about my care was	<input type="checkbox"/>				
16	The respect shown to me by the doctor/nurse was	<input type="checkbox"/>				
17	The amount of time given to me for this visit was	<input type="checkbox"/>				
18	The doctor/nurse's consideration of my personal situation when advising me was	<input type="checkbox"/>				
19	The doctor/nurse's concern for me as a person in this visit was	<input type="checkbox"/>				
20	The recommendation I would give to my friends about the doctor/nurse would be	<input type="checkbox"/>				

Please turn over ↶



About the staff

		Poor	Fair	Good	Very Good	Excellent
21	The manner in which I was treated by the staff (e.g. receptionists, practice manager)	<input type="checkbox"/>				
22	The way in which staff keep my personal information private and confidential	<input type="checkbox"/>				
23	Information provided by the practice on fees and other potential costs	<input type="checkbox"/>				
24	The opportunity for making complaints to the practice about its service and quality of care	<input type="checkbox"/>				

Finally

		Poor	Fair	Good	Very Good	Excellent
25	The information provided by the practice about how to prevent illness and stay healthy (e.g. alcohol use, health risks of smoking, diet habits etc.) was	<input type="checkbox"/>				
26	The coordination of my care by the practice with other healthcare providers (e.g. hospital, specialists, allied health professionals etc.) was	<input type="checkbox"/>				
27	The practice's respect of my right to seek a second opinion was	<input type="checkbox"/>				
28	My overall satisfaction with the general practice is	<input type="checkbox"/>				

29 How can the clinician and/or practice staff improve their service?

Empty text box for question 29 response.

The following questions provide us only with general information about the range of people who have responded to this survey. This information will not be used to identify you and will remain confidential.

Are you: <input type="checkbox"/> Female <input type="checkbox"/> Male	How old are you in years? <input type="checkbox"/> Under 25 <input type="checkbox"/> 25 – 59 <input type="checkbox"/> 60+	Was this visit with your usual clinician? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many times have you visited the practice in the past year? <input type="checkbox"/> 1 – 5 visits <input type="checkbox"/> 6+ visits	Do you have any chronic illness or disability that is likely to affect you over a long period of time? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Your background: (please answer each of the four questions below)

Do you primarily speak English at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you speak another language apart from English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you born in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you hold a Concession or Healthcare Card?

Yes

No

What is the highest level of education you have completed (please mark one box only)?

<input type="checkbox"/> Never attended school	<input type="checkbox"/> TAFE or Trade Certificate or Diploma
<input type="checkbox"/> Primary school	<input type="checkbox"/> University or some other Tertiary Institute degree
<input type="checkbox"/> High school	<input type="checkbox"/> Other

Thank you for your time and assistance in completing this questionnaire