

Dear Patient,

This form is a voluntary program that Springvale Endoscopy Centre operates to seek and act from feedback received. You have been invited to participate in this feedback, and we would welcome your comments, your compliments or your suggestions for improvement.

Please ask a Nursing or Office staff member if you need any assistance in completing this form.

**Part 1: Details about you** (this section voluntary)

Family Name: \_\_\_\_\_ First name: \_\_\_\_\_ Date at the Centre: \_\_\_\_\_

Would you like to assist us as a patient advisor when the need arises? Yes  No

Would you like to receive further information about the centre? Yes  No

Was the information provided to you by the Centre clear and easy to understand? Yes  No

**Part 2: How did you hear about our Centre?**

Your doctor  A Friend  Internet  Other  \_\_\_\_\_

**Part 3: Your experience at the Centre**

**What was the best part about your experience at Springvale Endoscopy Centre?**

**What was the worst part about your experience at Springvale Endoscopy Centre?**

How would you rate the following? (Please circle)

1	My views and concerns were listened to	Always	Mostly	Sometimes	Rarely	Never	Didn't apply
2	My individual needs were met [if answer always and mostly, skip to Q4]	Always	Mostly	Sometimes	Rarely	Never	
3	When a need could not be met, staff explained why	Always	Mostly	Sometimes	Rarely	Never	Didn't apply
4	I felt cared for	Always	Mostly	Sometimes	Rarely	Never	
5	I was involved as much as I wanted in making decisions about my treatment and care	Always	Mostly	Sometimes	Rarely	Never	
6	I was kept informed as much as I wanted about my treatment and care	Always	Mostly	Sometimes	Rarely	Never	
7	As far as I could tell, the staff involved in my care communicated with each other about my treatment	Always	Mostly	Sometimes	Rarely	Never	Didn't apply
8	I received pain relief that met my needs	Always	Mostly	Sometimes	Rarely	Never	Didn't apply
9	When I was in the hospital, I felt confident in the safety of my treatment and care	Always	Mostly	Sometimes	Rarely	Never	
10	I experienced unexpected harm or distress as a result of my treatment or care [if answer is no, skip to Q12]	Yes, physical harm		Yes, emotional harm		Yes, both	No
11	My harm or distress was discussed with me by staff	Yes	No	Not sure	Didn't want to discuss it		
12	Overall, the quality of the treatment and care I received was:	Very good	Good	Average	Poor	Very poor	

**Would you recommend Springvale Endoscopy Centre to your friends?**

Yes definitely:

Yes but:

Maybe:

No:

Never:

**Part 4: Anything we missed? Can you think of how we could improve?**

Please let us know:

Thank you for your feedback.

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