

# Woollahra Family Medical Practice feedback

## Q1. Making an appointment and waiting to see a clinician at your last visit

Please rate each statement

| Statements  | Poor                          | Fair                          | Good                          | Very good                     | Excellent                     | N/A                           | Don't Know                    |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Make an Appointment over the phone                       | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| b. Appointment available within a reasonable amount of time | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| c. The time you had to wait after you arrived at the clinic | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| d. The amount of time spent travelling to the clinic        | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| e. The comfort of the waiting room                          | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |

Do you have any comments you would like to make about making an appointment and waiting to see a clinician?

## Q2. Your experience with reception staff at your last visit

Please rate each statement

| Statements  | Poor                          | Fair                          | Good                          | Very good                     | Excellent                     | N/A                           | Don't Know                    |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. The courtesy of the person who took your call        | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| b. Let you know about any delays while you were waiting | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| c. Were welcoming upon your arrival                     | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| d. Considered your needs when making an appointment     | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| e. Were professional in dealing with you                | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |

Do you have any comments you would like to make about your experience with reception staff at your last visit?

## Q3. Your experience of the interpersonal skills of the clinician at your last visit

Please rate each statement

| Statements                                | Poor                          | Fair                          | Good                          | Very good                     | Excellent                     | N/A                           | Don't Know                    |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. The practitioner listening skills      | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| b. Treated you with respect               | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| c. Understood your personal circumstances | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| d. Takes enough time with you             | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| e. Made you feel comfortable              | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |

Do you have any comments you would like to make about your experience with clinical staff at your last visit?

#### Q4. Your experience of the way clinicians communicated with you at your last visit

Please rate each statement

| Statements  | Poor                          | Fair                          | Good                          | Very good                     | Excellent                     | N/A                           | Don't Know                    |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. How well the practitioner understood your concerns           | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| b. His or her explanation of procedures, diagnoses or treatment | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| c. Helped you understand what to do when you went home          | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| d. Explained the purpose of tests and treatment                 | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| e. Guided you on how to take medicines correctly                | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |

Do you have any comments you would like to make about the way clinicians communicated with you at your last visit?

#### Q5. Your experience of the information given to you by clinicians at your last visit

Please rate each statement

| Statements   | Poor                          | Fair                          | Good                          | Very good                     | Excellent                     | N/A                           | Don't Know                    |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Explained the purpose of tests and treatment        | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| b. Involved you in decisions                           | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| c. Helped you understand what to do when you went home | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| d. Guided you on how to take medicines correctly       | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| e. Adequately discussed your personal issues           | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |

Do you have any comments you would like to make about the information given to you by clinicians at your last visit?

#### Q6. Your experience of privacy at your last visit

Please rate each statement

| Statements   | Poor                          | Fair                          | Good                          | Very good                     | Excellent                     | N/A                           | Don't Know                    |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Privacy when you were examined  | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| b. Being able to discuss personal issues that were sensitive             | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| c. Your understanding how medical records are kept private in the clinic | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| d. Privacy in the waiting area   | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| e. The way the electronic records were explained to you                  | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |

Do you have any comments you would like to make about your experiences of privacy at your last visit?

**Q7. Your experience of the way your clinician worked with other healthcare professionals at your last visit**

*Please rate each statement*

| Statements  | Poor                          | Fair                          | Good                          | Very good                     | Excellent                     | N/A                           | Don't Know                    |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Gave you options for specialists or other health providers you need to see         | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| b. Allowed you to have the final choice about which other professionals to see        | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| c. The clinician was aware of advice you had received from other health professionals | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| d. Gave the right amount of information to other healthcare professionals             | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| e. Knew your medical history at the clinic  | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |

Do you have any comments you would like to make about the way your clinician worked with other healthcare professionals at your last visit?

**Q8. Thinking about your experience with the general practice over the past year**

*Please rate each statement*

| Statements  | Poor                          | Fair                          | Good                          | Very good                     | Excellent                     | N/A                           | Don't Know                    |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. The amount you paid for each visit to the doctor                     | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| b. Suitability of clinic opening hours                                  | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| c. Providing your test results in an understandable way                 | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| d. Being able to see a doctor at the clinic when you needed urgent care | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |
| e. Contacting a clinician by email                                      | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 | <input type="checkbox"/><br>6 | <input type="checkbox"/><br>7 |

Do you have any comments you would like to make about your experience with the general practice over the last year?

**Q9. If you could change one thing about the practice, what would you change?**

*Please rate each statement*

**Please write your ideas below:**

## Some things about you

|   |   |
|---|---|
| <b>Q10. Are you?</b>  | <b>Q11. Do you consider yourself to be of Aboriginal and/or Torres Strait Islander descent?</b> |
| <input type="checkbox"/> <sub>1</sub> Male <input type="checkbox"/> <sub>2</sub> Female | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No              |
| <b>Q12. Have you been to another general practice in the last year?</b>                 | <b>Q13. Which languages do you speak at home? Tick all spoken</b>                               |
| <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No      | <input type="checkbox"/> <sub>1</sub> English   |
| <b>Q14. What is your age?</b>   | <input type="checkbox"/> <sub>2</sub> Arabic  |
| <input type="checkbox"/> <sub>1</sub> 15 – 24 years                                     | <input type="checkbox"/> <sub>3</sub> Cantonese   |
| <input type="checkbox"/> <sub>2</sub> 25 – 44 years                                     | <input type="checkbox"/> <sub>4</sub> Mandarin  |
| <input type="checkbox"/> <sub>3</sub> 45 – 64 years                                     | <input type="checkbox"/> <sub>5</sub> Vietnamese  |
| <input type="checkbox"/> <sub>4</sub> 65 years or over                                  | <input type="checkbox"/> <sub>6</sub> Hindi   |
| <input type="checkbox"/> <sub>5</sub> Don't wish to say                                 | <input type="checkbox"/> <sub>7</sub> Greek   |
| <b>Q15. How long have you been coming to this practice?</b>                             | <input type="checkbox"/> <sub>8</sub> Other   |
| <input type="checkbox"/> <sub>1</sub> Less than 1 year                                  | <b>Q16. Do you have any of these concession cards?</b>  |
| <input type="checkbox"/> <sub>2</sub> 1 – 2 years                                       | <input type="checkbox"/> <sub>1</sub> Health Care Card  |
| <input type="checkbox"/> <sub>3</sub> 3 years or more                                   | <input type="checkbox"/> <sub>2</sub> Pensioner Concession Card                                 |
| <input type="checkbox"/> <sub>4</sub> Not sure  | <input type="checkbox"/> <sub>3</sub> Any Veterans' Affairs treatment entitlement card          |
| <b>Q17. How many times have you visited this practice over the past 12 months?</b>      | <input type="checkbox"/> <sub>4</sub> Not covered by any concession card                        |
| <input type="checkbox"/> <sub>1</sub> Only this visit                                   | <b>Q18. What is the highest level of education you have reached?</b>                            |
| <input type="checkbox"/> <sub>2</sub> 2 – 5   | <input type="checkbox"/> <sub>1</sub> Some high school  |
| <input type="checkbox"/> <sub>3</sub> 6 – 10  | <input type="checkbox"/> <sub>2</sub> Completed high school                                     |
| <input type="checkbox"/> <sub>4</sub> 11 or more  | <input type="checkbox"/> <sub>3</sub> Currently studying for a degree or diploma                |
| <input type="checkbox"/> <sub>5</sub> Not sure  | <input type="checkbox"/> <sub>4</sub> Completed a trade or technical qualification              |
| <b>Q19. Was this visit for yourself or someone you are caring for?</b>                  | <input type="checkbox"/> <sub>5</sub> Completed a degree or diploma                             |
| <input type="checkbox"/> <sub>1</sub> Self  | <input type="checkbox"/> <sub>6</sub> Postgraduate degree                                       |
| <input type="checkbox"/> <sub>2</sub> Someone else                                      |   |

**Thank you for taking the time to complete this questionnaire.**

Please email the survey to [reception@woollahrafmp.com.au](mailto:reception@woollahrafmp.com.au) or fax to (02) 7201 2344

Alternatively you can put the survey in the secure box provided at the front of the practice when you have finished.