Adelaide Mums & Babies Clinic

Dr. Briony Andrew + Dr. Rhiannon Smith + Colleagues

Thank you for agreeing to take the time to complete this survey about your recent experience with Adelaide Mums and Babies Clinic. It means a lot to us. We really appreciate your feedback as we want to provide the best service possible and will actively make changes if we have failed to deliver to your expectations.

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.	SEEING THE CLINICIAN OF YOUR CHOICE	1	2	3	4	5	6	7
b.	THE TIME YOU HAD TO WAIT TO GET THIS APPOINTMEN **(BEFORE** getting to the clinic)	1	2	3	4	5	6	7
c.	THE TIME YOU HAD TO WAIT **AFTER YOU ARRIVED** AT THE CLINIC	1	2	3	4	5	6	7
d.	GETTING REMINDERS FOR YOUR APPOINTMENT	1	2	3	4	5	6	7
e.	EASE OF PARKING	1	2	3	4	5	6	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.	WERE WELCOMING UPON ARRIVAL	1	2	3	4	5	6	7
b.	WERE PROFESSIONAL WITH DEALING WITH YOU	1	2	3	4	5	6	7
c.	LET YOU KNOW ABOUT ANY DELAYS WHILE YOU WERE WAITING	1	2	3	4	5	6	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.	UNDERSTOOD YOUR PERSONAL CIRCUMSTANCES	1	2	3	4	5	6	7
b.	HAD ENOUGH TIME TO TALK ABOUT THE THINGS THAT WERE IMPORTANT TO YOU	1	2	3	4	5	6	7
c.	MADE YOU FEEL COMFORTABLE	1	2	3	4	5	6	7
d.	TOLD YOU ALL YOU WANTED TO KNOW ABOUT YOUR CONDITION	1	2	3	4	5	6	7
e.	SHOWED SENSITIVITY TO YOUR CONCERNS	1	2	3	4	5	6	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.	INVOLVED YOU IN DECISIONS	1	2	3	4	5	6	7
b.	ALLOWED YOU TO HAVE FINAL CHOICE ABOUT TESTS	1	2	3	4	5	6	7
c.	HELPED YOU UNDERSTAND WHAT TO DO WHEN YOU WENT HOME	1	2	3	4	5	6	7
d.	ACCEPTED YOUR DECISION TO SEEK ALTERNATIVE TREATMENT	1	2	3	4	5	6	7
e.	REALLY LISTENED TO WHAT YOU HAD TO SAY	1	2	3	4	5	6	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.	THE AMOUNT OF USEFUL INFORMATION GIVEN ABOUT YOUR **CONDITION**	1	2	3	4	5	6	7
b.	THE AMOUNT OF USEFUL INFORMATION GIVEN ABOUT YOUR **TREATMENT**	1	2	3	4	5	6	7
c.	GAVE YOU USEFUL WRITTEN INFORMATION	1	2	3	4	5	6	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.	BEING ABLE TO DISCUSS PERSONAL ISSUES THAT WERE SENSITIVE	1	2	3	4	5	6	7
b.	YOUR UNDERSTANDING OF HOW YOUR RECORDS ARE KEPT PRIVATE IN THE CLINIC	1	2	3	4	5	6	7
c.	ASKED YOUR PERMISSION BEFORE ANOTHER CLINICIAN CAME TO THE APPOINTMENT	1	2	3	4	5	6	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	1	2	3	4	5	6	7
b.	ALLOWED YOU TO HAVE THE FINAL CHOICE ABOUT WHICH OTHER PROFESSIONALS TO SEE	1	2	3	4	5	6	7
c.	GAVE THE RIGHT AMOUNT OF INFORMATION TO OTHER HEALTHCARE PROFESSIONALS	1	2	3	4	5	6	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.	BEING ABLE TO SEE A DOCTOR AT THE CLINIC WHEN YOU NEEDED URGENT CARE	1	2	3	4	5	6	7
b.	THE AMOUNT YOU PAID FOR EACH VISIT TO THE DOCTOR	1	2	3	4	5	6	7
c.	PROVIDING YOUR TEST RESULTS IN AN UNDERSTANDABLE WAY	1	2	3	4	5	6	7
d.	CONTACTING A CLINICIAN BY EMAIL	1	2	3	4	5	6	7

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

Some things about you. Place an X next to the answer that best fits.

Q10. Are you?

1 Male 2 Female

Q11. Do you consider yourself to be of Aboriginal and/or Torres Strait Islander descent?

1 Yes 2 No

Q12. Have you been to another general practice in the last year?

1 Yes 2 No

Q13. Which languages do you speak at home? Tick all spoken

1 English
2 Arabic
3 Cantonese
4 Mandarin
5 Vietnamese
6 Hindi
7 Greek
8 Other

Q14. What is your age?

1 15 – 24 years
2 25 – 44 years
3 45 – 64 years
4 65 years or over
5 Don't wish to say

Q15. How long have you been coming to this practice?

1 Less than 1 year
2 1 – 2 years
3 3 years or more
4 Not sure

Q16. Do you have any of these concession cards?

1 Health Care Card
2 Pensioner Concession Card
3 Any Veterans' Affairs treatment entitlement card
4 Not covered by any concession card

Q17. How many times have you visited this practice over the past 12 months?

1 Only this visit
2 2 – 5
3 6 – 10
4 11 or more
5 Not sure

Q18. What is the highest level of education you have reached?

1 Some high school
2 Completed high school
3 Currently studying for a degree or diploma
4 Completed a trade or technical qualification
5 Completed a degree or diploma
6 Postgraduate degree

Q19. Was this visit for yourself or someone you are caring for?

1 Self
2 Someone else

Thank you for taking the time to complete this questionnaire.
Please attach the completed form to an email and send back to hello@mumsandbabies.com.au