



CONSUMER FEEDBACK



CONTACT US:

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Assist us in directing quality improvement of our health services and let us know where we are getting it right.



You can submit your feedback online - scan the QR code or visit:
<https://forms.office.com/r/74kytnb0qP>

Date: _____

Contact Details (Optional)

Name: _____

Address: _____

City: _____

State: _____ Postcode: _____

Email: _____

Phone: _____

Consumer Type (please tick)

- ☐ Patient
- ☐ Resident
- ☐ Client
- ☐ Relative
- ☐ Volunteer
- ☐ Other (please specify): _____

Which PDH service is this feedback related to?

Do you have specific feedback?

We would like to hear feedback specific to the care you received.

(Please circle the best answer)

- 1. My views and concerns were listened to:**
Always | Mostly | Sometimes | Rarely | Never | Didn't Apply
- 2. My individual needs were met:**
Always | Mostly | Sometimes | Rarely | Never
- 3. When a need could not be met, staff explained why:**
Always | Mostly | Sometimes | Rarely | Never
- 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 | Didn't Apply
- 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

Thank you for taking the time to provide your feedback.