

ATAPS Patient satisfaction survey - What do you think?

The Commonwealth Department of Health and Ageing has provided specific funding to enable GPs in South Eastern Sydney to refer their patients to a counsellor for specialist treatment at no cost to the patient. You can help the Division to assess the effectiveness of this service and to identify future improvements, by providing feedback on your experience in being referred to this service. Completing this survey is voluntary and will not alter the care you receive. All responses are confidential and will only be used for evaluation purposes to improve the service. No names are required.

PLEASE CIRCLE MOST APPROPRIATE NUMBER OR ANSWER

1. ***How satisfied were you with the time of day your counsellor was available to see you?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

2. ***How satisfied were you with the location where you saw your counsellor?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

3. ***How satisfied were you with your relationship with your counsellor?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

4. ***How satisfied were you that your privacy and confidentiality were respected at all times?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

5. ***How satisfied were you with the treatment you received from your counsellor in dealing with your mental health issues?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

6. ***How many sessions with the counsellor did you attend?***

Please enter number of sessions in box:

7. ***How adequate was the number of sessions you had with your counsellor in dealing with your mental health issues?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

8. ***In the past, have you ever received counselling for mental health issues other than with your GP?***

Yes No Unsure

9. ***If you had not been referred by your GP as a result of this project, would you have been able to see a counsellor?***

Yes No Unsure

10. ***If you answered NO or UNSURE to question 9, to what extent did the following factors affect your ability to see a counsellor?***

	Not at all	Somewhat	Mostly	Completely
a) <i>Cost?</i>	1	2	3	4
b) <i>Location?</i>	1	2	3	4
c) <i>Time?</i>	1	2	3	4
d) <i>Who to go to?</i>	1	2	3	4

e) ***Other factors?*** Please state: _____

11. ***How satisfied were you with your GP's coordination of your mental health care?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

12. ***How satisfied are you that you are now better able to deal with the issues that were troubling you without further professional help?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

Could this be improved and if so how?

13. ***Overall, how satisfied are you that this project between your GP and your counsellor has been helpful in managing your problem?***

1 2 3 4 5
Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

13. ***How could this be improved?***

14. ***Do you have any additional comments?***

Thank you for completing this survey and assisting with our evaluation.
Please put the completed survey in the reply paid envelope and post to:

**South Eastern Sydney Division of General Practice Ltd
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