

# Carer Service User\* Experience

of

Psychiatric Disability Rehabilitation  
and Support Services (PDRSS)

## DRAFT QUESTIONNAIRE

**\*To be completed by Carers who are  
currently using a PDRS service**

PDRSS name	N°.
Program name	
Date completed	

### Introduction

We are currently undertaking a study of Carer experiences of Psychiatric Disability Rehabilitation and Support Services (PDRSS). This study will be used to help improve the services provided.

The organisations involved in the study are the Australian Institute for Primary Care (AIPC) at La Trobe University, the Mental Health Branch of the Department of Human Services and the PDRSS.

### **We are seeking your assistance.**

The survey below asks some questions about your experiences of the services you have received. Simply read the questions and tick the box that best reflects your experience of this PDRSS.

This survey is completely voluntary and there are no 'right' or 'wrong' answers.

All answers will remain anonymous. There is no need to write your name on this form.

Your responses will only be given to the organisations involved in the study, as listed above. At the end of this trial a report, which will not identify individual participants, will be provided to participating services. Your answers will in no way disadvantage you or the services you use.

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Please answer all questions

**1. When was your last contact with this PDRSS?**

(Please tick  the box that best applies to you)

0-3 months ago 1	4-12 months ago 2	more than 12 months ago 3

## 2. How often do you have contact with this PDRSS?

(Please tick  the box that best applies to you)

Weekly 1	Monthly 2	Every 3 months 3	Once a year 4

## 3. Information about the Service.

Thinking about the PDRS service you currently have contact with,

(please tick  your preferred response)

how good is the service at .....

	Poor 1	Fair 2	Good 3	Very good 4	Excel- lent 5	Does not apply 6
a) Providing information about the range of services available to you?						
b) Providing information about what the benefits of the service may be for you?						
c) Providing information about what they expect from you?						
d) Letting you know what information about you can be recorded?						
e) Letting you know whether or not you can look at your records?						
f) Letting you know that you can choose to see a male or a female person at the service?						
g) Providing information about PDRSS program planning and improvement processes?						
h) Letting you know how to comment or complain about the service?						
i) <b>Overall</b> , how good was the Service at providing the above information WHEN you needed it?						

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## 5. Information about service delivery.

Thinking about the PDRS Service you currently have contact with,

(please tick  your preferred response)

how good is the Service at .....

Poor	Fair	Good	Very good	Excel- lent	Does not apply 6

	1	2	3	4	5	
a) Letting you know how and when they can be contacted?						
b) Being easy to travel to?						
c) Letting you know who you should talk to at the Service?						
d) Making it easy for you to contact the person you need to talk to?						
e) Asking for your opinion about your needs?						
f) Listening to your opinion about your needs?						
g) Respecting your cultural beliefs and practices?						
h) Arranging for you to see a female or male support person if asked for?						
i) Making you feel safe where you attended/ received the service?						
j) Making you aware and feel comfortable about making complaints or comments?						
k) Providing opportunities for you to participate in the overall planning, improvement and review of the service?						
l) Providing you with information about available services and supports for carers?						
m) Providing you with information about Mental Illness						
n) Providing opportunities for you to access available services and supports for carers?						

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**6. Overall, how much benefit has the service been to you?**

(please tick  your preferred response)

None 1	A little 2	Some 3	Quite a lot 4	A great deal 5

If you would like to make further comments please use the space provided below.

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**Thank you for completing the survey.  
We appreciate your assistance.**

Please place the completed survey in the reply paid envelope provided and leave it with the PDRSS worker/receptionist or post it.