

CONSUMER EXPERIENCE

of

Psychiatric Disability Rehabilitation
and Support Services (PDRSS)

DRAFT QUESTIONNAIRE

PDRSS name	N°.
Program name	
Date completed	

Introduction

We are currently undertaking a study of Consumer 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 did you first have contact with *this* Psychiatric Disability Rehabilitation and Support Service? (PDRSS)

(Please tick the box that best applies to you)

0-3 months ago 1	4-12 months ago 2	1 – 5 years ago 3	more than 5 years ago 4

2. 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

3. 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	Never 5

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4. Information about Service Provision.

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
		2	3	4	5	6
a) Letting you know what they can do for you?						
b) Letting you know what they expect from you?						
c) Letting you know that you can choose to have others involved in your program?						
d) Letting you know who they intend to tell about your program?						
e) Letting you know what information about you can be recorded?						
f) Letting you know whether or not you can look at your records?						
g) Letting you know that you can choose to see a male or female person at the service?						
h) Providing information about the range of services available to you?						
i) Providing information about what the benefits of the service may be for you?						
j) Providing information about PDRSS program planning and improvement processes?						
k) Explaining ways that you can continue or not continue in the program?						
l) Explaining how you can re-enter the program?						
m) Letting you know how to comment or complain about the service?						
n) Overall , how good is the service at providing the above information WHEN you need 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	Excellent	Does not apply
		2	3	4	5	6
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) Providing a key worker who is responsible for coordinating your support and rehabilitation?						
f) Introducing you to your new key worker?						
g) Passing on appropriate information about your needs and support program to any new key worker?						
h) Asking for your opinion about your needs?						
i) Listening to your opinion about your needs?						
j) Respecting your cultural beliefs and practices?						
k) Arranging for you to see a female or male support person if asked for?						
l) Making you feel safe where you attended/ received the service?						
m) Making you aware and feel comfortable about making complaints or comments?						
n) Providing opportunities for you to participate in the overall planning, improvement and review of the service?						
o) Respecting your opinion about your program plan?						
p) Working with you when decisions are made about your individual program plan?						
q) Providing opportunities for you to involve people of your choice in the planning of your support/individual program plan development?						

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6. Assistance with Daily Living

Thinking about the PDRS service you currently have contact with,

(please tick your preferred response)

how good is the service at helping you.....

	Poor	Fair	Good	Very good	Excellent	Does not apply
		2	3	4	5	6
a) To get the information and services that you need?						
b) To manage living on your income?						
c) With general aspects of your life (such as cleaning, cooking & shopping)?						
d) To get access to general community services (eg. Centrelink, banks, libraries, employment services)?						
e) Improve or maintain relationships with others?						
f) To find your preferred living arrangements?						
g) To do the things needed to continue living in your home?						
h) Find appropriate work or access to education/training opportunities?						
i) To resolve any difficulties that arise in your work?						
j) To develop or organize leisure or recreation activities?						
k) Prepare for when you are no longer in the program?						

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

(please tick your preferred response)

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

8. Did you need any help to complete this questionnaire?

(please tick your preferred response)

Yes	No
1	2

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8.a) If you answered 'Yes', who helped you?

(please tick the box that best applies to you)

Service provider 1	Other (Relative, friend... etc.) 2

8.b) If you needed help, was it help to...

(please tick any of the boxes that best apply to you)

READ The questions 1	UNDERSTAND the questions 2	FILL IN the survey form 3	Other 4

If you answered 'Other', please tell us what sort of help you required

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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 envelope provided and leave it with the PDRSS worker/receptionist or post it.