



CLIENT FEEDBACK EVALUATION QUESTIONNAIRE

We would appreciate hearing from you about how you find the program, in particular any difficulties you are experiencing. This will help us to improve the program

1. Tick which services provide your care:
(You can tick more than one)

- HCP Program
 CHSP Program

2. Do your carers (services) do what is important to you?

- All the time
 Most of the time
 Seldom
 Never
 No comment

Tell us how this could be better:

3. Do they turn up on time?

- All the time
 Most of the time
 Seldom
 Never
 No comment

4. Do they stay for the whole shift?

- All the time
 Most of the time
 Seldom
 Never
 No comment



5. Do they keep your information private?
- All the time
 - Most of the time
 - Seldom
 - Never
 - No comment
6. If a service needs to be changed (e.g. time, carer, day) are you consulted/advised?
- All the time
 - Most of the time
 - Seldom
 - Never
 - No comment
7. Are you comfortable that your carer/s have the skills to attend to your care?
- All the time
 - Most of the time
 - Seldom
 - Never
 - No comment
8. Does your Care Manager understand what is important to you?
- All the time
 - Most of the time
 - Seldom
 - Never
 - No comment
9. I am able to contact my Care Manager when I need to.
- All the time
 - Most of the time
 - Seldom
 - Never
 - No comment
10. When my Care Manager and I agree that something needs to be followed up he/she acts promptly?
- All the time
 - Most of the time
 - Seldom
 - Never
 - No comment



11. If I had a complaint about the service, I would:

- Talk to my care manager
- Talk to my carer
- Ring Brotherhood Community Care
- Do nothing
- Other

12. Have you had contact with our program office at all? Yes No

If yes, how helpful were the staff you spoke to: Very helpful Helpful A little helpful Not at all helpful

13. Tell us '**what is good**' about your involvement with this program:

14. Tell us '**what is not so good**' about your involvement with this program:

15. If you could '**improve anything**' about your involvement with this program, what would it be?



COMPLETED BY: Self Carer Family Member
(You may tick more than one box)

If you have any further comments please add, or call Jane Peterson, HR
Administration Officer on 4428 9400

(Optional) NAME: _____

(Optional) ADDRESS: _____

THANK YOU FOR YOUR PARTICIPATION
Management