DUBBO
ABORIGINAL MEDICAL SERVICE

Continuous Quality Improvement Survey

Please tick the box best suited to your experience or write in the comment box

Q1. Please tell us about your experience with making an appointment and waiting to see a clinician at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent
Getting appt time that suited you	☐	☐	☐	☐	☐
Getting reminders for your appointments	☐	☐	☐	☐	☐
Seeing the clinician of your choice	☐	☐	☐	☐	☐

Q2: Please tell us about your experience with administration staff at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent
Were professional when dealing with you	☐	☐	☐	☐	☐
Considered your needs when making an appointment	☐	☐	☐	☐	☐
Letting you know of delays while waiting	☐	☐	☐	☐	☐

Q3: Please tell us about your experience of the interpersonal skills and communication of the administration and clinician at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent
Explaining the purposes of tests and treatment	☐	☐	☐	☐	☐
Showed sensitivity to your concerns	☐	☐	☐	☐	☐
Made you feel comfortable and cared about as a person	☐	☐	☐	☐	☐

Q4: Please tell us about your experience of privacy at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent
Privacy when you were examined	☐	☐	☐	☐	☐
Being able to discuss personal issues that are sensitive	☐	☐	☐	☐	☐
Asked for permission before including another clinician	☐	☐	☐	☐	☐

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Q5: Please tell us about your experience of the way health checks are conducted at the clinic

Statements (please rate each statement)	**Poor**	**Fair**	**Good**	**Very good**	**Excellent**
Your understanding of the importance of a health check	☐	☐	☐	☐	☐

Can anything be improved by the clinician? _____

What might give you more of a reason to have an annual health check done?

_____

Q6: Please tell us about your experience when travelling for specialty care are there any major barriers? *If so, please write comments below*

Q7: Please tell us are there any barriers when needing to access the local hospital? *If so please write comments below*

Q8: Do you have any recommendations for the AMS staff to improve the continuity of care provided? *If so, please write comments below.*

Q10: If you could change one thing about the AMS, what would it be?

STAFF ONLY
Patient Name:
Patient Feeback number:
Date of Survey:

Thank you for taking the time to complete this questionnaire. Please put your completed questionnaire in the secure box located at reception.