SCHHS Aboriginal and Torres Strait Islander Patient Survey

Are you of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal and Torres Strait Islander

During your stay in hospital, were you required to fill out a form or asked if you identified as Aboriginal or Torres Strait Islander?

☐ Yes
☐ No

Did you inform hospital staff that you are Aboriginal or Torres Strait Islander without being asked?

☐ Yes
☐ No

Is this the first time you have come to this hospital?

☐ Yes
☐ No

Was your admission to hospital planned or pre-booked?

☐ Yes
☐ No

Were you transferred from another hospital?

☐ Yes
☐ No

If yes, which hospital did you come from?

Please write:
Were you aware of the Aboriginal and Torres Strait Islander Hospital Liaison Service at our hospital before you arrived?

☐ Yes ☐ No

Did any of the hospital staff explain your health condition to you?

☐ Yes ☐ No

In your opinion, how well did the hospital staff explain your health condition to you?

*Please write:*

Did you understand the explanation you were given regarding your health condition?

☐ Yes ☐ No

During your stay, were you told about the Aboriginal and Torres Strait Islander Hospital Liaison Service?

☐ Yes ☐ No

Did you have family support while in hospital?

☐ Yes ☐ No

What did the Aboriginal and Torres Strait Islander Liaison Service do well for you?

*Please write:*

Will you continue to use the Aboriginal and Torres Strait Islander Hospital Liaison Service?

☐ Yes ☐ No

If no, why not?

*Please write:*
How many years have you been a patient at any of the Sunshine Coast Hospitals?

☐ Under 1 year  ☐ 1-5 years  ☐ 5+ years  ☐ 10+ years

Thinking about your hospital stay, are you ...?

☐ Very satisfied

☐ Unsatisfied

☐ Satisfied

☐ Extremely satisfied

Overall do you have any further comments?

Please write:

PLEASE RETURN TO:

Cultural Practice Coordinator
PC&D - Sunshine Coast Hospital Health Service
PO Box 547
Nambour QLD
4560