

CLIENT SATISFACTION QUESTIONNAIRE

By completing this questionnaire you will be assisting Queensland Health to provide adequate and appropriate services for families who have a child with a developmental issue. In particular we are interested in your opinions about the care you have been receiving over the past year from this Child Development Service.

The questions on the following pages are based on what parents like you have told us about the way care is sometimes offered.

We would like you to indicate how much the event or situation happens (or does not happen) to you at this centre.

Completion of this survey is voluntary and confidential. We do not need to know your name or your child's name.

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

You are asked to answer each question by circling a number on a scale from 7 (To a very great extent) to 1 (Not at all) that best represents your experience at this centre.

The care that your and your child receives from this service may bring you into contact with many individuals. The questions on this form are grouped by who these contacts are, as described below:

1. **PEOPLE:** refers to those individuals who work directly with you or your child. These may include speech pathologists, occupational therapists or physiotherapists, etc.
2. **CENTRE:** refers to all staff from the centre, whether involved directly with your child or not. In addition to health care people they may include support staff such as office staff, etc.

SAMPLE QUESTION

The following is an example of the kind of questions you will be asked. This example also shows what your answer could mean.

Please indicate how much this event or situation happens to you.

TO WHAT EXTENT DO THE <u>PEOPLE</u> WHO GIVE YOU QUESTIONNAIRES ...	To a very great extent	To a great extent	To a fairly great extent	To a moderate extent	To a small extent	To a very small extent	Not at all	Not Applicable
... provide you with clear instructions on how to complete them?	7	6	5	4	3	2	1	0

If you circled '7' (To a Great Extent) it means that people who give you questionnaires provide very clear instructions in what they ask you to do.

If you circled '4' (Sometimes) it means that people who give you questionnaires are clear in what they want you to do some of the time, and some of the time the instructions are not clear.

If you circled '1' (Never) it means that although you have received questionnaires, the instructions are never clear.

If you circled '0' (Not Applicable) it means that you have never received a questionnaire and so cannot answer the question. It does not apply to you.

We would now like you to think about your experiences over the last year with this Child Development Service. We are interested in your personal thoughts and would appreciate this questionnaire on your own without discussing it with anyone.

THANK YOU FOR TAKING THE TIME TO ASSIST US WITH THIS SURVEY

Adapted from MPOC (1995) and MPOC-20 (2004)

The name of the Child Development Service that you are attending today is: _____

For each question, please indicate how much the event or situation happens to you by circling one number (from 1 to 7) that you feel best fits your experience. When answering these questions, we would like you to think about the centre that you are attending today.

Please indicate how much this event or situation happens to you.

DURING THE PAST YEAR, TO WHAT EXTENT DO THE PEOPLE WHO WORK WITH YOUR CHILD ...	To a very great extent	To a great extent	To a fairly great extent	To a moderate extent	To a small extent	To a very small extent	Not at all	Not Applicable
1. ... plan together so they are all working in the same direction?	7	6	5	4	3	2	1	0
2. ... look at the needs of your “whole” child (e.g. at behavioural, emotional and social needs) instead of just at physical needs?	7	6	5	4	3	2	1	0
3. ... provide a caring atmosphere rather than just give you information?	7	6	5	4	3	2	1	0
4. ... let you choose when to receive information and the type of information you want?	7	6	5	4	3	2	1	0
5. ... provide you with written information about what your child is doing in therapy?	7	6	5	4	3	2	1	0
6. ... make sure that at least one team member is someone who works with you and your family over a long period of time?	7	6	5	4	3	2	1	0
7. ... fully explain treatment choices to you?	7	6	5	4	3	2	1	0
8. ... provide opportunities for you to make decisions about treatment?	7	6	5	4	3	2	1	0
9. ... help you to feel competent as a parent?	7	6	5	4	3	2	1	0
10. ... provide enough time to talk so you don't feel rushed?	7	6	5	4	3	2	1	0
11. ... treat you as an equal rather than just as the parent (e.g. by not referring to you as “Mum” or “Dad”)?	7	6	5	4	3	2	1	0
12. ... give you information about your child that is consistent from person to person?	7	6	5	4	3	2	1	0
13. ... treat you as an individual rather than as a “typical” parent of a child with a developmental issue?	7	6	5	4	3	2	1	0
14. ... provide you with written information about your child's progress?	7	6	5	4	3	2	1	0
15. ... tell you about the results from assessments?	7	6	5	4	3	2	1	0

Indicate how much this event or situation happens to you.

IN THE PAST YEAR, TO WHAT EXTENT DOES THE CENTRE WHERE YOU RECEIVE CHILD DEVELOPMENT SERVICES ...	To a very great extent	To a great extent	To a fairly great extent	To a moderate extent	To a small extent	To a very small extent	Not at all	Not Applicable
16. ... give you information about the types of services offered by the centre or in your community?	7	6	5	4	3	2	1	0
17. ... have information available about your child's developmental issues (e.g. its causes, how it progresses, future outlook)?	7	6	5	4	3	2	1	0
18. ... provide opportunities for the entire family to obtain information?	7	6	5	4	3	2	1	0
19. ... have information available to you in various forms such as a booklet, kit, video, etc?	7	6	5	4	3	2	1	0
20. ... provide advice on how to get information or to contact other parents (e.g. parent resource library)?	7	6	5	4	3	2	1	0
OVERALL HOW SATISFIED WERE YOU WITH ...								
21. ... how long your child waited to begin assessment at this centre?	7	6	5	4	3	2	1	0
22. ... how long your child waited to begin treatment at this centre?	7	6	5	4	3	2	1	0

To assist us to understand the information provided by parents when they complete this survey, we would appreciate you providing the following information about **your child who attends this centre.**

23. What is your child's age? _____ 24. Is your child? ... Male ... Female (please tick)

25. About how long has your child been attending this centre? _____

26. Which health professionals has your child seen at this centre? (Please tick. You may tick more than one box.)
 Dietitian | Early Intervention Parenting Specialist | Physiotherapist | Screening officer | Speech Pathologist
 Doctor | Occupational Therapist | Psychologist | Social Worker

27. Please indicate if any of the following factors made attending appointments here difficult. (Please tick. You may tick more than one response.)
 Public transport | Opening hours | Finding the centre | Parking | Other _____

28. If you would like to make any comments or suggestions about the care your child has received from this service, please use this page.

THANK YOU FOR TAKING THE TIME TO ASSIST US WITH THIS SURVEY