Appendix 4  Client Satisfaction Survey (Example 2)

CLIENT SATISFACTION SURVEY
XXX HEALTH SERVICE DISTRICT

Please help us to improve our service by completing this survey. We value your comments.

PLACE IN BOX PROVIDED OR MAIL IN ENVELOPE ATTACHED BY: ____________________________

REFERRAL PROCESS

1. Did you consider your referral to this service was:  □ Too early  □ Just right  □ Too late
2. Were you informed of how to make another appointment (if required) with this service? Yes □  No □
3. (a) How long after seeing your doctor did you have your first full treatment session? □ Less than a week □ 1-2 weeks □ 2-4 weeks □ greater than 4 weeks
   (b) Was this adequate?  Yes □  No □
4. (a) Did any of the following make attending this service difficult?
   Public transport  Yes □  No □
   Parking  Yes □  No □
   Finding us  Yes □  No □
   Hours of opening  Yes □  No □
   Stairs/hills etc  Yes □  No □
   Waiting room  Yes □  No □
   (b) If yes, how could this be improved? ____________________________
5. (a) Did you miss any appointments during your course of treatment?  Yes □  No □
   (b) If yes, what caused you to miss the appointments? (Please tick as appropriate)
   Forgot □  Didn’t want to come □
   Sick □  Work commitments □
   Transport problem □  Other □
   Comments: ____________________________
VIEWS ON SPEECH PATHOLOGY

6 Prior to treatment, how important did you feel speech pathology would be to helping your condition?

<table>
<thead>
<tr>
<th>Very important</th>
<th>Important</th>
<th>Unsure</th>
<th>Not important</th>
<th>Very unimportant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7 Following treatment, how important did you feel speech pathology was in helping your condition?

<table>
<thead>
<tr>
<th>Very important</th>
<th>Important</th>
<th>Unsure</th>
<th>Not important</th>
<th>Very unimportant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________________________

DEPARTMENT AND STAFF

8 How well did your therapist communicate with you?

<table>
<thead>
<tr>
<th>Very well</th>
<th>Well</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________________________

9 How well were you informed about your condition?

<table>
<thead>
<tr>
<th>Very well</th>
<th>Well</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________________________

10 How well were you informed about your treatment?

<table>
<thead>
<tr>
<th>Very well</th>
<th>Well</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________________________
11 Was your home program:

<table>
<thead>
<tr>
<th>Too large</th>
<th>Right size</th>
<th>Too small</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________

12 How confident were you in the skills of your therapist?

<table>
<thead>
<tr>
<th>Very confident</th>
<th>Confident</th>
<th>Unsure</th>
<th>Not confident</th>
<th>Very unconfident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________

13 (a) On average, how many treatments per week did you have?

<table>
<thead>
<tr>
<th>3 or more</th>
<th>Two</th>
<th>One</th>
<th>Less than one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

(b) Was this adequate?  Yes ☐  No ☐

Comments: ____________________________________________________________

14 How many therapists did you have?____________________________________

15 Were you satisfied with the consistency of your treatment?  Yes ☐  No ☐

Comments: ____________________________________________________________

16 Were you satisfied with the amount of time your therapist spent with you during treatment sessions?  Yes ☐  No ☐

Comments: ____________________________________________________________

17 Compared to your first treatment, how much have you improved?

<table>
<thead>
<tr>
<th>100%</th>
<th>50-99%</th>
<th>1-49%</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

18 (a) Did you feel your discharge was appropriate?  Yes ☐  No ☐
(b) If not, what could be improved? __________________________________________________________________________

19  (a) Is our waiting area comfortable? Yes ☐ No ☐
    (b) If not, how can it be improved? __________________________________________________________________________

20  (a) Were our reception staff helpful? Yes ☐ No ☐
    (b) If not, how can this be improved? __________________________________________________________________________

21  (a) Were our Assistants helpful? Yes ☐ No ☐
    (b) If not, how could this be improved? __________________________________________________________________________

22  What can we do better to help you? __________________________________________________________________________

23  What do we do well? __________________________________________________________________________

________________________________________________________________________

PERSONAL DETAILS

1  What is your age Group? (Please tick one) Under 18 ☐ 18-29 ☐ 30-44 ☐ 45-59 ☐ 60+ ☐

2  Male ☐ Female ☐

3  (a) Are you employed? Yes ☐ No ☐
    (b) If yes, is your employment: Full time ☐ Part time ☐ Shift work ☐

4  Are you a pensioner? Yes ☐ No ☐

5  How long have you had this condition?
    0-3 weeks ☐ 3 weeks - 3 months ☐ greater than 3 months ☐

6  Have you attended this department before:
    (a) for this condition? Yes ☐ No ☐
    (b) for another condition? Yes ☐ No ☐

Thank you very much for completing this survey.