



Queensland Government Medical Aids Subsidy Scheme
 Queensland Health

MASS 81
Client/Prescriber Satisfaction
Feedback

(Affix identification label here)

Family name:

Given name(s):

Date of birth: Gender: M F I

To be completed by clients or prescribers to provide feedback to MASS.

MASS staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

Section A – Client/Prescriber Information

Client / Prescriber name (optional)

No name is required if you wish to remain anonymous

Section B – Questionnaire

Please rate the service provided by MASS as follows
 1 = Very Poor, 2 = Poor, 3 = Satisfactory, 4 = Good, 5 = Very Good.

Statement	1	2	3	4	5
The staff listened to my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff expressed concern about my welfare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff were helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff discussed my needs with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was informed about the arrangements being made for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understood what was being explained to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I can contact MASS about my needs as necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section C – Additional Information

Please comment on how the MASS service may be improved

What area of MASS does this issue relate to?

- | | |
|---|--|
| <input type="checkbox"/> Communication Aids | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Continence Aids | <input type="checkbox"/> Cystic Fibrosis Program (CFP) |
| <input type="checkbox"/> Equipment (Daily Living and Mobility Aids) | <input type="checkbox"/> Palliative Care Equipment Program (PCEP) |
| <input type="checkbox"/> Heat Moisture Exchangers | <input type="checkbox"/> Queensland Artificial Limb Service (QALS) |
| <input type="checkbox"/> Medical Grade Footwear and Orthoses | <input type="checkbox"/> Spectacle Supply Scheme (SSS) |

Approximately how recent was your last contact with MASS?

- Within the last week
 Within the last month
 Within the last year
 Longer than one year

Email OR Post completed form to a MASS Service Centre

Email: MASS184@health.qld.gov.au
Website: health.qld.gov.au/mass

Brisbane:
 PO Box 281, Cannon Hill Qld 4170
 Telephone: 07 3136 3636

Townsville:
 PO Box 980, Hyde Park Qld 4812
 Telephone: 07 4433 8000

DO NOT WRITE IN THIS BINDING MARGIN

