

Practice Accreditation

And Improvement Survey

- AHS

The Bay Surgery

OFFICE USE ONLY

Org ID

Survey ID

14315

59084

998

You can help this health service to be a better place

- They want you to say what you really think about the good things they did for you and about the things they could do better.
- Lots of people will answer these questions when they come to this service.
- Put a cross in the box like this ☒ that tells us how you feel about each question. If you change your mind, cross it out and mark the one you did want. If you can't answer a question please leave it blank.
- Someone in Brisbane will look at all the answers and then tell the service what everyone thought.
- Your medical service will not see what you put on this paper. Don't write your name on this paper.

Please rate the following based on your visit today

1	When you phone the clinic for help, are you happy with the way they try to help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Can you get a message to the doctor if you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Will the doctor visit you at home if you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Can you get help when the clinic is closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can you choose to see the doctor you like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are the rooms in the clinic comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If you are very unwell or upset, is there a private or quiet place for you to go?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Did you have to wait too long to see the doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the Doctor (whom you have just seen)

9	Did the doctor help you today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	When you first went to see the doctor, were they friendly to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Did the doctor really listen to you properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Did the doctor explain things to you properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Did talking to the doctor help you feel less worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you think they are a good doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Did the doctor let you talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Did the doctor respect you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## About the Doctor (continued....)



17	Did the doctor give you enough time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Did the doctor try to understand your family, your culture and community, and remember these things when they told you what you could do about your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Did the doctor care about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Would you tell your friends that this is a good doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## About the staff



21	Do you feel you were treated with respect by the people at the clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Do you feel the staff keep your information private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Does the doctor or staff tell you that sometimes at other places you may have to pay for things, like glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	If you have a problem with the doctor or health worker can you tell someone at the clinic about this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Finally



25	Does the doctor or health worker talk about how to stop getting sick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Does the clinic talk to other health workers you see about your care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Does the clinic allow you to get a second opinion if you want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Would you tell your friends about this clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Did you want to say anything else about how this health service could be better? You can say good or bad things.

We just have a few more questions about you so that we get to understand the types of people who answered this survey.  
This information will not be used to identify you and will remain confidential.

30. Are you:

- ☐ Female  
☐ Male

31. How old are you in years?

- ☐ Under 25  
☐ 25-59  
☐ 60+

32. Was this visit with your usual doctor?

- ☐ Yes  
☐ No

33. How many times have you visited this clinic in the last year?

- ☐ 1 – 5 visits  
☐ 6+ visits

34. Do you have a health problem that is likely to affect you over a long period of time?

- ☐ Yes  
☐ No

**Thank you for your time and assistance**