



Ord Valley Aboriginal Health Service | Aboriginal Corporation | ICN 275

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"An Organisation of Aboriginal people, for Aboriginal people, controlled by Aboriginal people"

OVAHS Client Feedback Questionnaire

Please fill out the questions below rating them from poor to excellent using the faces as a guide.

*N/A: Not Applicable



Poor



Fair



Good



Very Good



Excellent



N/A



Don't know

	Poor	Fair	Good	Very Good	Excellent	N/A	Don't know
1. When you last came to the clinic							
Did you get reminders to come to the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you satisfied with the time it took for you to be seen by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you happy with the clinic service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The people at reception							
Were friendly when you arrived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had flyers and pamphlets to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were polite and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The doctors, nurses and health workers							
Treated you with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made you feel comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understood how you were feeling at the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The doctors, nurses and health workers							
Took time to listen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained the tests and medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave you the final decision about your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The doctors, nurses and health workers told you							
About your sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to take your medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to stay healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*N/A: Not Applicable



Poor



Fair



Good



Very Good



Excellent



N/A



Don't know

6. The doctors, nurses and health workers							
Closed the door and curtains when you were examined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could ask you about any personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked you if it was OK if another nurse / health worker came into the room too	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The doctors, nurses or health workers							
Asked if you would like to see another specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organised for you to see another specialist when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knew about your family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Experience over the last year							
Are the clinic hours good for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you get to see a doctor when you needed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the clinic staff visited you at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there anything you feel would make this a better health service							
<hr/> <hr/> <hr/>							

DEMOGRAPHICS

Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Are you Aboriginal and Torres Strait Islander descent? <input type="checkbox"/>	Have you been to another clinic in the last year? <input type="checkbox"/>
What is your age? <input type="checkbox"/> 15 – 24 years <input type="checkbox"/> 25 - 44 years <input type="checkbox"/> 45 – 64 years <input type="checkbox"/> 65 years and over <input type="checkbox"/> Don't want to say	Do you have any of these cards? <input type="checkbox"/> Health care card <input type="checkbox"/> Pensioner concession <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> Not covered by a card
What language do you speak at home? <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Walmatjari _____ <input type="checkbox"/> Kukatja <input type="checkbox"/> Jaru	How long have you been coming to this clinic? <input type="checkbox"/> First time <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 6 – 10 years <input type="checkbox"/> More than 10 years <input type="checkbox"/> I don't know
How many times have you come to the clinic in the last year? <input type="checkbox"/> First time <input type="checkbox"/> 2 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> More than 10 <input type="checkbox"/> Not sure	What year did you go to at school? <input type="checkbox"/> Primary <input type="checkbox"/> Some of high school <input type="checkbox"/> Completed high school <input type="checkbox"/> Studying degree/diploma now <input type="checkbox"/> Completed trade/technical qual <input type="checkbox"/> Completed a degree/diploma <input type="checkbox"/> Post graduate degree
Are you here to see a nurse / doctor? <input type="checkbox"/>	Did you bring someone else in to see the doctor / nurse? <input type="checkbox"/>

**Thank you for taking the time to complete this questionnaire.
Please put the form in the locked box at reception when you have finished**