



**BETTER OUTCOMES IN
MENTAL HEALTH CARE**

gp links wide bay

Consumer Feedback Survey

We are asking you to fill this survey in to help us evaluate the service. The information we gain from your feedback will help us improve our service.

1.	How did you find your counseling treatment?	<input type="checkbox"/> Unhelpful <input type="checkbox"/> Not very helpful <input type="checkbox"/> helpful <input type="checkbox"/> very helpful
2.	Did the counseling you received help you cope better with your situation?	<input type="checkbox"/> not much <input type="checkbox"/> somewhat <input type="checkbox"/> quite a bit <input type="checkbox"/> a great deal
3.	Did the counseling give you more knowledge about your situation?	<input type="checkbox"/> not much <input type="checkbox"/> somewhat <input type="checkbox"/> quite a bit <input type="checkbox"/> a great deal
4.	Was the amount of time you had with your counselor about right?	<input type="checkbox"/> yes <input type="checkbox"/> no I needed more <input type="checkbox"/> no I needed less
5.	Was the counseling service located in a place suitable to you?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain below
6.	Do you feel your GP provided enough information about your condition to the counselor?	<input type="checkbox"/> yes <input type="checkbox"/> no
7.	Do you feel the counselor provided enough information about your treatment to your GP?	<input type="checkbox"/> yes <input type="checkbox"/> no
8.	Would you recommend this service to your friends or family if they were experiencing mental health problems?	<input type="checkbox"/> yes <input type="checkbox"/> no
9.	Would you have been able to afford to pay for professional counseling if this service had not been available to you?	<input type="checkbox"/> yes <input type="checkbox"/> no
10.	Did you feel that your privacy was protected during your treatment?	<input type="checkbox"/> yes <input type="checkbox"/> no

Do you have any further comments?

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Date :

Unique Identifier

Please send or fax this survey to: GPLWB, PO Box 2178 Bundaberg QLD 4670.
 Fax : 07 4151 0794.

If you have any queries about this form or the Better Outcomes Program, please contact the GP Links Wide Bay on 07 4151 0814. Do not record your name on survey.

Thank you for completing the survey