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| --- | --- | --- |
| **Participant Survey** | **Participant ID**(office use only) |  |

<<Feel free to change HealthConsult logo for your logo>>

<<Insert welcome note or delete this text>>

Thank you for completing this survey

This survey consists of 15 questions and should take approximately 5-10 minutes to complete. Your participation is voluntary, and you may stop the survey at any point if you decide you no longer wish to continue.

Completing the survey

* Use a black or blue pen to fill in the survey.
* Mark boxes clearly with a tick (✓) or cross (✗).
* If you make a mistake, fill in the box completely and mark the correct answer with a tick.
1. Privacy Notice

**Your privacy matters to us.**

The information you provide in this survey is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles.

We will share de-identified survey responses with HealthConsult Pty Ltd. HealthConsult is collecting survey responses on behalf of the Department of Health and Aged Care.HealthConsult has been contracted by the Department of Health and Aged Care to conduct a pilot of Quality Indicators for in-home aged care.

Your participation in this survey will help ensure that Quality Indicators for in-home aged care services are practical, relevant, and effective in improving quality of care and service delivery. Only de-identified, aggregated, data from this survey will be used for this purpose.

It's okay if you don't want to take part in this survey. This will not have any impact on the care or services that you receive.

By completing this survey, you agree that we can share your survey responses with HealthConsult Pty Ltd. You also agree that HealthConsult can provide de-identified, aggregated, data to the Department of Health and Aged Care.

For full details on how we handle the information you provide in this survey, please see our complete privacy policy at <https://qi.healthconsult.com.au/ResourcePage>.

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| 1. **Who is completing the survey**

Please tick one box |
| [ ]  The person receiving care |
| [ ]  A family member, friend or carer of the person receiving care |
| [ ]  A proxy or interviewer of a person receiving care |
|  |
| **If you are an interviewer, please enter your interviewer/ administrator ID:** |
|  |

For Family members, Friends, or Carers assisting

* If answering on behalf of the care recipient, try to reflect their views, not your own opinions about their care.
* If possible, have the person receiving care present while completing the survey.
1. **About you (the person receiving care)**

**Gender**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]   | Male | [ ]  | Female | [ ]  | Non-binary | [ ]  | Another / or different identity | [ ]  | Prefer not to say |

|  |
| --- |
| **Year of Birth:** |
|  |
| **Postcode:** |
|  |

1. **About the planning of your care**

Everyone receiving in-home aged care services should have a care plan, and a copy should have been provided to you when the care plan was developed or was last reviewed and updated.

A care plan is a document (or set of documents) describing your home care and service needs, including any clinical care you receive to meet those needs. Care plans include relevant information about your needs, goals and preferences and they describe how and when services are delivered in line with these.

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| **Thinking about the planning of your care, please tell us whether you agree or disagree with the following statement: I felt involved in the planning of my care.**Please tick the box that applies |
| [ ]  Strongly agree |
| [ ]  Somewhat agree  |
| [ ]  Neither agree nor disagree |
| [ ]  Somewhat disagree  |
| [ ]  Strongly disagree  |
| [ ]  I am not aware that I have a care plan  |

1. **About satisfaction with care**

In answering these questions think about the care you / the participant received from your home care provider in the past 3 months.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Overall, how would you rate the service you receive from your home care provider?** Please tick the box that applies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Excellent | [ ]  Good | [ ]  Moderate  | [ ]  Poor  | [ ]  Very Poor |

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| **On a scale from 0 to 10, where 0 is very unlikely and 10 is very likely, how likely are you to recommend your home care provider?**Please circle the number that applies |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Very unlikely** |  |  |  |  |  |  |  |  |  | **Very likely** |

1. **About your experience of care**

Your participation in this survey is voluntary, and you may exit the survey at any point if you decide you no longer wish to continue.

When thinking about the care you / the participant received from your home care provider in the past 3 months, please tell us how often the following statements are true.

For each question, please tick the box that applies

|  | **Always** | **Mostly** | **Sometimes** | **Rarely** | **Never** | **Not applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| I am treated with respect and dignity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| I am supported to make my own decisions about the care and services I receive | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| I receive care and support from aged care staff who have the appropriate skills and training | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| I receive services and supports for daily living that are important for my health and wellbeing | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| I am supported to maintain my social relationships and connections with the community | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| I am comfortable lodging complaints with confidence that the appropriate action will be taken | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. **About your quality of life**

Your participation in this survey is voluntary, and you may exit the survey at any point if you decide you no longer wish to continue.

When answering these, please tell us what you think/the person receiving care recipient thinks about your/their quality of life today.

For each question, please tick the box that applies

|  | **All of the time**  | **Most of the time**  | **Some of the time**  | **A little of the time**  | **None of the time**  | **Not applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| I am able to get around as much as I want to (with the use of mobility aids e.g. wheelchair, walker, stick if you use them) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| When I experience pain, it is well managed | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I am generally happy | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| I have as much independence as I want | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| I have good social relationships with family and friends | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| I have leisure activities/ hobbies I enjoy | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

1. **Feedback on this survey**

**Are you happy to be contacted by HealthConsult about your experience completing this survey?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

If yes, please write your name and phone number below

|  |
| --- |
| **Full name** |
|  |
| **Phone Number** |
|  |

1. **Contact information**

For more information, please contact QI@healthconsult.com.au