



Participant Survey

Participant ID
(office use only)

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 (X).
- If you make a mistake, fill in the box completely and mark the correct answer with a tick.

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>.

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.

About you (the person receiving care)

Gender

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Another / or different identity
- ☐ Prefer not to say

Year of Birth:

Postcode:

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.

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

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

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I am supported to make my own decisions about the care and services I receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I receive care and support from aged care staff who have the appropriate skills and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I receive services and supports for daily living that are important for my health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I am supported to maintain my social relationships and connections with the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I am comfortable lodging complaints with confidence that the appropriate action will be taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When I experience pain, it is well managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am generally happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have as much independence as I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have good social relationships with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have leisure activities/hobbies I enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Contact information

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