

## Evaluation of Consumer Care (Page 1 of 4)

This Evaluation will assist <organisation> to ensure our consumers have the best possible experience.

**Transfers of care refer to the process of moving people between different services and different care providers. We want to make sure our transfer processes are meeting your needs.**

Please complete the form below. Use the space at the end of the survey if required for additional comments.

If you need any help to complete this form, or have any questions about how your information will be used, please don't hesitate to contact <Name, Title> by phone on <telephone number>.

SUPPORT – Did you get the support you needed?	
1.	<b>Did you feel safe and supported during times of transfer?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
	Comments:
2.	<b>Did you know who to contact if you were worried about your condition or treatment?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
	Comments:
3.	<b>Were you given a contact name and number to call if you were worried about your condition or</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
	Comments:

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INVOLVEMENT – Were you involved in decisions made about your care?	
<b>4.</b>	<p><b>Did the staff include you when making decisions about your transfer of care?</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Very Much</p> <p><input type="checkbox"/> Uncertain/cannot recall</p> <p>Comments:</p>
<b>5.</b>	<p><b>Did the staff include your family and/or carer when making decisions about your transfer of care?</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Very Much</p> <p><input type="checkbox"/> Uncertain/cannot recall</p> <p>Comments:</p>
<b>6.</b>	<p><b>Was your GP involved in your transfer planning? (if appropriate)</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Very Much</p> <p><input type="checkbox"/> Uncertain/cannot recall</p> <p>Comments:</p>
<b>7.</b>	<p><b>If you were being supported by any services in your community, were they involved in your</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Very Much</p> <p><input type="checkbox"/> Uncertain/cannot recall</p> <p>Comments:</p>

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INFORMATION – Were you given all the information you need to manage your health?	
8.	<b>Did the staff give you instructions about what to do to take care of your illness or health</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
Comments:	
9.	<b>Did staff explain why and how to take each of your medications?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
Comments:	
10.	<b>Did staff explain what to do if your illness or health condition gets worse?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
Comments:	
11.	<b>Did the staff give you a copy of the plan for your future care?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
Comments:	

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COMMUNICATION – How well did the staff explain to you how to manage your health?	
12.	<b>Were the instructions that staff gave you easy to understand?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
Comments:	
13.	<b>Were you able to understand the language the staff used to explain instructions?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
Comments:	
14.	<b>Did the staff speak at a pace that was easy to follow?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
Comments:	
15.	<b>Did the staff ask you to repeat the instructions to make sure they have been clearly explained?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertain/cannot recall
Comments:	
GENERAL COMMENTS	
16.	<b>Please provide any additional feedback about your transfer of care experience. What went well?</b>

Thank you for your feedback!