



Your Experience of Service (YES)

Instructions:

Please answer the following questions based upon your experience using our service.

		Never	Rarely	Sometimes	Usually	Always	
1	The following questions ask HOW OFTEN we did the following things... Thinking about the care you have received from this service, what was your experience in the following areas: You felt welcome at this service	1	2	3	4	5	
2	Staff showed respect for how you were feeling	1	2	3	4	5	
3	You felt safe using this service	1	2	3	4	5	
4	Your privacy was respected	1	2	3	4	5	
5	Staff showed hopefulness for your future	1	2	3	4	5	
6	Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	1	2	3	4	5	
		Never	Rarely	Sometimes	Usually	Always	Not Applicable
7	Staff made an effort to see you when you wanted	1	2	3	4	5	0
8	You had access to your treating mental health care professional when you needed	1	2	3	4	5	0
9	You believe that you would receive fair treatment if you made a complaint	1	2	3	4	5	0
10	Your opinions about the involvement of family or friends in your care were respected	1	2	3	4	5	0
11	The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)	1	2	3	4	5	0
		Never	Rarely	Sometimes	Usually	Always	
12	You were listened to in all aspects of your care and treatment	1	2	3	4	5	
		Never	Rarely	Sometimes	Usually	Always	Not Applicable
13	Staff worked as a team in your care and treatment (for example, you got consistent information and didn't have to repeat yourself to different staff)	1	2	3	4	5	0



		Never	Rarely	Sometimes	Usually	Always	
14	Staff discussed the effects of your treatment with you	1	2	3	4	5	
15	You had opportunities to discuss your progress with the staff caring for you	1	2	3	4	5	
		Never	Rarely	Sometimes	Usually	Always	Not Applicable
16	There were activities you could do that suited you	1	2	3	4	5	0
17	You had opportunities for your family and carers to be involved in your treatment and care if you wanted	1	2	3	4	5	0
		Poor	Fair	Good	Very Good	Excellent	Not Applicable
18	<small>The following questions ask HOW WELL we did the following things... Thinking about the care you have received from this service, what was your experience in the following areas: Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)</small>	1	2	3	4	5	
19	Explanation of your rights and responsibilities	1	2	3	4	5	
		Poor	Fair	Good	Very Good	Excellent	Not Applicable
20	Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)	1	2	3	4	5	0
		Poor	Fair	Good	Very Good	Excellent	Not Applicable
21	Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)	1	2	3	4	5	
22	Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.)	1	2	3	4	5	
23	The effect the service had on your hopefulness for the future	1	2	3	4	5	
24	The effect the service had on your ability to manage your day to day life	1	2	3	4	5	
25	The effect the service had on your overall well-being	1	2	3	4	5	
26	Overall, how would you rate your experience of care with this service?	1	2	3	4	5	
27	Please provide any extra comments.						
	My experience would have been better if...						
28	The best things about this service were...						



NovoPsych

Developer Reference:

Victorian Department of Health (2013). National Mental Health Consumer Experiences of Care Report - Final Report - Development and Evaluation of a Consumer Experiences of Care Survey Instrument. Available at: https://www.amhocn.org/sites/default/files/publication_files/ceoc_final_report.pdf

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