



## BRAMS Consumer Feedback Survey

Please help us improve our service by answering the following questions.

### Your Visit to BRAMS



Poor



Fair



Good



Very Good



Excellent

How would you rate the <b>Reception Staff</b> ? Were they polite/friendly & helpful?	<input type="radio"/>				
Was there flyers and pamphlets to read whilst you were waiting to be seen?	<input type="radio"/>				
The time took for you to be seen by a <b>Health Workers</b> ?	<input type="radio"/>				
Did the <b>Health Worker</b> treat you with respect, made you feel comfortable, understood and took the time to listen?	<input type="radio"/>				
The time it took for you to be seen by a <b>Doctor/Nurse</b> ?	<input type="radio"/>				
Did the <b>Doctor</b> treat you with respect, helpful, made you feel comfortable, understood and took the time to listen?	<input type="radio"/>				
Was the <b>Doctor</b> clear when they explained the tests or medications? Did you understand?	<input type="radio"/>				
Was the door/curtain closed when you were see by the <b>Health Worker/Doctor</b> ?	<input type="radio"/>				
Are the Clinic hours good?	<input type="radio"/>				

Is there anything you feel would make this a better health service?



## Demographics

**Gender**

Male

Female

**Are you Aboriginal or Torres Strait Islander descent?**

Yes

No

**Are you here to see the doctor or  
Aboriginal Health Workers for?**

Yourself

Someone else

**Do you speak any other language at home  
other than English?**

Yes

No

Other:

**What is your age?**

15 – 24 years

25 – 44 years

45 – 64 years

65 years and over

Don't want to say

**How long have you been coming  
to BRAMS?**

First time

2 – 5 years

6 – 10 years

More than 10 years

I don't know

**How many times have you  
visit BRAMS within the last 12  
months?**

First time

2 – 5 years

6 – 10 years

More than 10 years

Not sure

**Have you visit another clinic in the last 12 months?**

Yes

No

*Thank you for taking the time to  
complete this questionnaire.*