



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 Reception Staff ? Were they polite/friendly & helpful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there flyers and pamphlets to read whilst you were waiting to be seen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time took for you to be seen by a Health Worker ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the Health Worker treat you with respect, made you feel comfortable, understood and took the time to listen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time it took for you to be seen by a Doctor/Nurse ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the Doctor treat you with respect, helpful, made you feel comfortable, understood and took the time to listen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the Doctor clear when they explained the tests or medications? Did you understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the door/curtain closed when you were see by the Health Worker/Doctor ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are the Clinic hours good?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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
visited BRAMS within the last 12
months?**

First time

2 – 3 months

3 – 6 months

More than 12 months

Not sure

Have you visit another clinic in the last 12 months?

Yes

No

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