Mallee Division Rural Palliative Care Project

Patient Held Record- Patient/Carer Survey

Patient /Carer Satisfaction

We are seeking your opinion regarding the value of the **Patient Diary** (Patient Held Record). It is vital we obtain your feedback about the **Patient Diary** so we may address any issues and make the diary be the best it can for patients/carers and the health care providers who make use of it.
Results of the survey will be distributed to participants, including the plans for addressing issues raised. The survey is anonymous.

Health care providers are also being surveyed for their feedback regarding the value of the **Patient Diary**.

Instructions for use:

The survey attached contains a series of questions with either a tick box or a scale underneath. Please circle the number which best reflects your views.

Example:

N/A	1	2	3	4	5	6	7	8	9	10
Not Applicable	Very Dissatisfied			Neither Satisfied or Dissatisfied					Very Satisfied	

There is also space at the end of each statement to add any further suggestions or comments regarding the Patient Diary

Thank you for taking the time to complete this survey.

Please return the completed survey to:

If you have any questions please contact Carlyn Dark at the Mallee Division of General Practice on 50238633

Details of the user of the Diary

1. What age are you?

18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ Over 65 ☐

2. Are you?

Female ☐ or Male ☐

3, Where were you born?

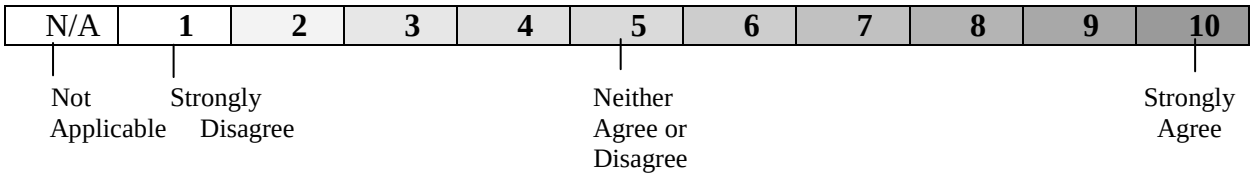
Australia ☐ Aboriginal/Torres Strait Islander ☐ Italy ☐ Turkey ☐

New Zealand ☐ Greece ☐ Germany ☐ Croatia ☐ Polynesia ☐

India ☐ Other (please specify) ……

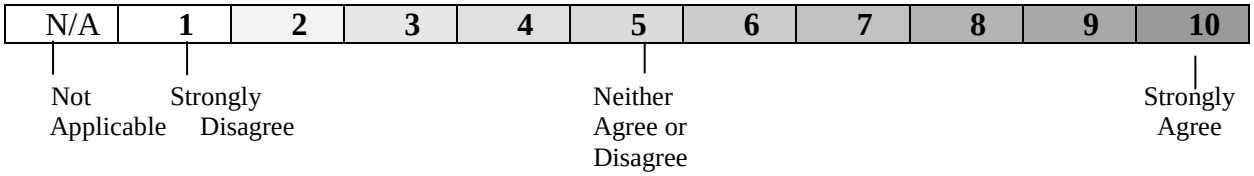
Involvement

1. I have found the Diary to be helpful in managing appointments



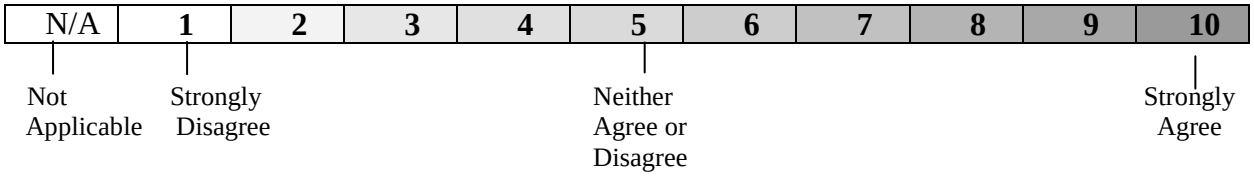
Comments_____
_____
_____

2. I have used the Diary to help me have discussions with health staff about my condition and /or symptoms



Comments_____
_____
_____

3. The Diary made me feel that I was involved in the management of my symptoms



Comments_____
_____
_____

Usefulness

4. I have found the information in the Diary to be helpful

N/A	1	2	3	4	5	6	7	8	9	10

Not Applicable — Strongly Disagree — Neither Agree or Disagree — Strongly Agree

Comments_____
_____
_____

5. The Diary requires improvement to make it more useful to me

N/A	1	2	3	4	5	6	7	8	9	10

Not Applicable — Strongly Disagree — Neither Agree or Disagree — Strongly Agree

Comments_____
_____
_____

6. The Patient Diary had sections that I did not like

N/A	1	2	3	4	5	6	7	8	9	10

Not Applicable — Strongly Disagree — Neither Agree or Disagree — Strongly Agree

Comments_____
_____
_____

7. I would prefer not to use the Patient Diary

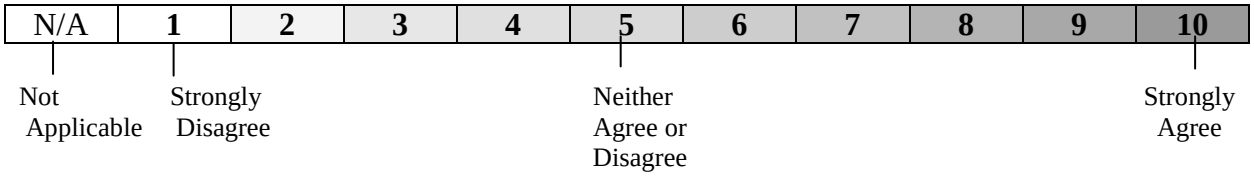
N/A	1	2	3	4	5	6	7	8	9	10

Not Applicable — Strongly Disagree — Neither Agree or Disagree — Strongly Agree

Comments_____
_____
_____

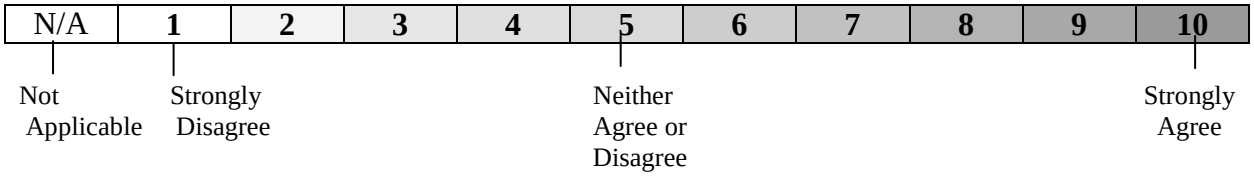
Communication

8. The Patient Diary was used by all health care workers involved in my care



Comments_____
_____
_____

9. The Patient Diary seemed to be helpful to the health care workers involved in my care, even if they did not write in it



Comments_____
_____

Any other comments?

_____
_____
_____
_____
_____
_____
_____
_____