

Appendix 2

PSYCHOLOGICAL ACCESS + CLIENT SURVEY

You have received a referral to the Psychological Access Plus (Access +) Program. This Program enables you to access necessary psychological services within your local area at no cost.

To help us evaluate this service, we'd greatly appreciate you taking 5 minutes to complete this survey, preferably after the last appointment with your clinician.

About Me:

1. Age:	2. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
3. Name of clinician:	4. Location where service was provided:
5. Number of appointments:	6. Location – your home (list suburb):
7. After being referred, the first appointment to see my clinician took place within: <input type="checkbox"/> 1 – 3 weeks <input type="checkbox"/> 3 – 6 weeks <input type="checkbox"/> 6 – 9 weeks <input type="checkbox"/> 10+ Weeks	
8. Would you have considered seeking therapeutic help if you had not been referred to ACCESS+? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9. Would you have participated in the ACCESS+ program if there had been a cost involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Changes in Myself (please tick appropriate boxes):

Generally, I think that after my therapy:		Worse	Same	Improved	Much improved
10.	My symptoms are...				
11.	My negative thinking is...				
12.	My control of my emotion is...				
13.	My coping skills are...				
14.	My understanding of myself is...				
15.	My relationships are...				
16.	My mental health is...				

My Experience of the Service (please tick appropriate boxes):

Please rate how strongly you agree with each of the following statements:		Strongly disagree	Disagree	Unsure	Agree	Strongly agree
17.	My GP explained the Access to Allied Psychological Services (ACCESS+) Program in a way that I understood.					
18.	I was satisfied with the location of the ACCESS+ service.					
19.	I feel satisfied with the communication between the counsellor and me.					
20.	My privacy and confidentiality were respected at all times during my treatment.					
21.	I feel satisfied with the amount of time the counsellor spent with me.					
22.	I feel that the psychological services I received have improved my mental health well being in general.					
23.	I would be happy to use this service again .					

24. Do you have any suggestions on how the Access+ Program could be improved:

Thank you for your feedback – it is greatly appreciated!

Please return your anonymous feedback form to Primary and Community Care Services by email jgay@pccs.org.au or fax 02 8244 1900 or by using a stamped addressed envelope supplied by your clinician.