Patient Enablement and Satisfaction Survey v. 2

Thank you for answering this anonymous survey which will not identify you personally in any way. The questions will provide important information about your experience with the health care at this clinic.

This survey will take about 10 minutes to complete.

How to fill in this survey
Most of the questions can be answered by placing a tick in the box next to the answer that best applies. Please tick only one answer for each question unless otherwise directed.

Please return your completed survey to the reception staff or return it using the reply-paid envelope provided.

If you have any questions about this survey, you can contact:

Jane Desborough
Australian Primary Health Care Research Institute
Australian National University
Gordon Street
Acton Act 0200
Phone: 02 6125 6545 or jane.desborough@anu.edu.au

1. About You

a. Your age: ______________

b. Your gender: □ Male □ Female □ Other

c. Overall, how do you rate your health? □ Excellent □ Very good □ Good □ Fair □ Poor

d. Do you have a long-term illness or disability? □ Yes □ No □ Don’t Know

e. How many times have you seen a nurse at this GP practice in the past 12 months? □ 0 □ 1 – 3 □ 4 – 6 □ 7 – 10 □ More than 10

f. For how long have you been attending this GP practice? ______________

g. Do you prefer to see or speak to a particular nurse?
   - Yes
   - No
   - There is usually only one nurse at this practice
   - This is my first visit with a nurse at this practice

If yes, do you make appointments to see a particular nurse?
   - Yes
   - No

2. About your visit with the nurse at this GP Practice today

h. Reason (health problem) for seeing the nurse:
   __________________________________________

i. Was this visit related to your long-term illness or disability?
   - Yes
   - No
   - Not applicable

j. Have you been seen by this nurse before?
   - Never
   - 1-5 times
   - 6-10 times
   - More than 10 times
   - Don’t know

k. How well do you feel that you know this nurse?
   - Not at all
   - A little
   - Well
   - Very well

l. How long was your consultation with the nurse?
   - 0 - 5 minutes
   - 6 - 10 minutes
   - 11 - 15 minutes
   - More than 15 minutes

m. Was your consultation with the nurse interrupted?
   - No
   - Once
   - Twice
   - Three or more times

n. Did you pay to see the nurse today?
   - Yes
   - No

   If yes, how much did you pay? __________
3. Satisfaction with your visit with the nurse at this GP practice today

Please respond to the following statements by ticking one box on each line:

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The nurse was understanding of my personal health concerns</td>
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<td>b. The nurse gave me encouragement in regard to my health problem</td>
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<td>c. I felt comfortable to ask the nurse questions</td>
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<td>d. My questions were answered in an individual way</td>
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<tr>
<td>e. I was included in decision-making</td>
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<tr>
<td>f. I was included in the planning of my care</td>
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<td>g. The treatment I received was of a high quality</td>
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<tr>
<td>h. Decisions regarding my health care were of high quality</td>
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<td>i. The nurse was available when I needed him/her</td>
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<td>j. The nurse appointment time was when I needed it</td>
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<td>k. The nurse spent enough time with me</td>
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<td>l. I was confident with the nurse’s skills</td>
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<td>m. The nurse was very professional</td>
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<td>n. Overall, I was satisfied with my health care</td>
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<td>o. The care I received from the nurse was of high quality</td>
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</tbody>
</table>
3. As a result of seeing the nurse today, do you feel you are:

Please respond to the following statements by ticking one box on each line:

<table>
<thead>
<tr>
<th></th>
<th>Same or less</th>
<th>Better</th>
<th>Much better</th>
<th>Not applicable</th>
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</thead>
<tbody>
<tr>
<td>p. Able to understand your illness</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>q. Able to cope with your illness</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>r. Able to keep yourself healthy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Same or less</th>
<th>More</th>
<th>Much more</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>s. Confident about your health</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>t. Able to help yourself</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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4. Do you have any further comments?

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Thank you!