

PATIENT ENABLEMENT AND SATISFACTION SURVEY

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 nursing care at this general practice.

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:

Name of general practice/ person administering survey

1 Reason for seeing the nurse/s:

2 Patient experience

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

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Not applicable
a The nurse/s were understanding of my personal health concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
b The nurse/s gave me encouragement in regard to my health problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
c I felt comfortable to ask the nurse/s questions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
d My questions were answered in an individual way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
e I was included in decision-making	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
f I was included in the planning of my care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
g The treatments I received were of a high quality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
h Decisions regarding my health care were of high quality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
i The nurse/s were available when I needed them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
j The nurse appointment times were when I needed them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
k The nurse/s spent enough time with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
l I was confident with the nurse/s' skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
m The nurse/s were very professional	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
n Overall, I was satisfied with my health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
o The care I received from the nurse/s was of high quality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃

3 Patient enablement

As a result of seeing the nurse/s, do you feel you are:

	Same or less	Better	Much better	Not applicable
a Able to understand your illness	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b Able to cope with your illness	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c Able to keep yourself healthy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
	Same or less	More	Much more	Not applicable
d Confident about your health	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e Able to help yourself	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

4 Do you have any comments or ideas about how we can improve access to the nurse/s or provision of nursing care in our general practice? (e.g. waiting times, staff attitudes, education, office space, etc.)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

This survey has been developed as a collaborative project between the Australian Primary Health Care Research Institute, Australian National University and the Australian Medicare Local Alliance 2012. THIS RESOURCE WAS FUNDED BY THE AUSTRALIAN GOVERNMENT