



CARE COORDINATION SURVEY

How was your experience with the *Care Coordination Team* at Gurriny?

Date: / /

Please circle the response, which closely matches your experience:

Who did you see today?

Health Worker Nurse Telehealth HMR (Pippa) ITC

Visiting Service:.....

The staff listened to my questions and concerns:

Strongly Agree Agree Not Sure Disagree Strongly Disagree

I felt members of the team respected my privacy:

Strongly Agree Agree Not Sure Disagree Strongly Disagree

Please circle the response, which closely matched how you felt:

I feel the length of clinic appointments was:

Too Long Too Short Just Right

I feel the amount of information I received was:

Too Long Too Short Just Right

I feel that home visits were:

Helpful Invaded my privacy Unhelpful Annoying

I felt Gurriny transport to the clinic was:

Reliable Unreliable Useful

Other:.....



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What did you like most about the care you received at Gurriny?

What did you like the least?

*What would you rate your overall satisfaction with the care you received?
Please circle.*

1 2 3 4 5 6 7 8 9 10

What changes would you like to see in the way we offer our care/programs at Gurriny?
