

**ANNEX 1: REFINED CONSUMER EXPERIENCES OF CARE SURVEY – Proposed final instrument questions showing item sequence, content category, item wording and response options**

Question sequence number <sup>1</sup>	Content category <sup>2</sup>	Item technical reference number <sup>3</sup>	Item wording	Rating scale (Response options) <sup>4</sup>
<b>Stem for items E-1 to E-17: Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:</b>				
<b>BANK 1 (STARTING OUT) <sup>5</sup></b>				
1	Experience	E-1	You felt welcome at this service	Frequency
2	Experience	E-2	Staff showed respect for how you were feeling	Frequency
3	Experience	E-3	You felt safe using this service	Frequency
4	Experience	E-4	Your privacy was respected	Frequency
5	Experience	E-5	Staff showed hopefulness for your future	Frequency
6	Experience	E-6	Your individuality and values were respected (such as your culture, faith or gender identity, etc)	Frequency
<b>BANK 2 (WORKING TOGETHER) <sup>5</sup></b>				
7	Experience	E-7	Staff made an effort to see you when you wanted	Frequency *
8	Experience	E-8	You had access to your treating doctor or psychiatrist when you needed	Frequency *
9	Experience	E-9	You believe that you would receive fair treatment if you made a complaint	Frequency *
10	Experience	E-10	Your opinions about the involvement of family or friends in your care were respected	Frequency *
11	Experience	E-11	The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc)	Frequency
<b>BANK 3 (TREATMENT AND CARE) <sup>5</sup></b>				
12	Experience	E-12	You were listened to in all aspects of your care and treatment	Frequency

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13	Experience	E-13	Staff worked as a team in your care and treatment (for example, you got consistent information and didn't have to repeat yourself to different staff)	Frequency
14	Experience	E-14	Staff discussed the effects of your medication and other treatments with you	Frequency
15	Experience	E-15	You had opportunities to discuss your progress with the staff caring for you	Frequency
16	Experience	E-16 <sup>6</sup>	There were activities you could do that suited you	Frequency *
17	Experience	E-17	You had opportunities for your family and carers to be involved in your treatment and care if you wanted	Frequency *
<b>Stem for items E-18 to E-22: Thinking about the care you received from this service within the last 3 months of less, please rate the following aspects of this service</b>				
18	Experience	E-18	Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc)	Performance
19	Experience	E-19	Explanation of your rights and responsibilities	Performance
20	Experience	E-20	Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc)	Performance *
21	Experience	E-21	Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc)	Performance
22	Experience	E-22	Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc)	Performance
<b>Stem for items O-1 to O-4: As a result of your experience with the service in the last 3 months or less please rate the following</b>				
23	Outcome	O-1	The effect the service had on your hopefulness for the future	Performance
24	Outcome	O-2	The effect the service had on your ability to manage your day to day life	Performance
25	Outcome	O-3	The effect the service had on your overall well-being	Performance
26	Outcome	O-4	Overall, how would you rate your experience of care with this service in the last 3 months?	Performance

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<b>OPTIONAL ADDITIONAL SERVICE-SPECIFIC QUESTIONS</b>				
Additional items can be added here to suit local service needs. The number of additional items is referred to as 'n' below.	S	S-1	Specific wording and number of any additional questions to be determined by the service organisation in accordance with local requirements	Recommended to use either Frequency or Performance
	S	S-n	Specific wording and number of any additional questions to be determined by the service organisation in accordance with local requirements	Recommended to use either Frequency or Performance
<b>OPEN ENDED QUESTIONS</b>				
27+n	F	F-1	My experience would have been better if...	Free text
28+n	F	F-2	The best things about this service were...	Free text

<b>DEMOGRAPHIC QUESTIONS</b>				
<b>Introductory wording for items D-1 to D-7: This section asks for some information about you. The information helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information used in this section will be used to identify you.</b>				
Question sequence number <sup>1</sup>	Content category <sup>2</sup>	Item technical reference number <sup>3</sup>	Item wording	Rating scale (Response options) <sup>4</sup>
29+n	Demographics	D-1	What is your gender?	1 Male, 2 Female, 3 Other
30+n	Demographics	D-2	What is the main language you speak at home?	1 English, 2 Other (Please write in)

## DEMOGRAPHIC QUESTIONS

**Introductory wording for items D-1 to D-7: This section asks for some information about you. The information helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information used in this section will be used to identify you.**

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31+n	Demographics	D-3	Are you of Aboriginal or Torres Strait Island origin?	1 No, 2 Yes, Aboriginal, 3 Yes, Torres Strait Islander, 4 Yes, Aboriginal and Torres Strait Islander
32+n	Demographics	D-4	What is your age?	1 16 to 24 years 2 25 to 34 years 3 35 to 44 years 4 45 to 54 years 5 55 to 64 years, 6 65 years and over
33+n	Demographics	D-5	How long have you been receiving care from this service on this occasion?	1 Less than 1 week 2 1 to 2 weeks 3 3 to 4 weeks, 4 1 to 3 months, 5 4 to 6 months 6 More than 6 months
34+n	Demographics	D-6	At any point during the last 3 months were you receiving involuntary treatment (such as an involuntary patient or on a community treatment order) under Mental Health Legislation?	1 Yes, involuntary patient / on a community treatment order 2 No, I was always a voluntary patient 3 Not sure
35+n	Demographics	D-7	Did someone help you complete this survey?	1 No 2 Yes – family or friend 3 Yes – language or cultural interpreter 4 Yes – consumer worker or peer worker 5 Yes – another staff member from the service 6 Yes – someone else

## Key to Table notes

1. **Question sequence number**

This column identifies the proposed questions sequence numbering in the revised survey instrument.

2. **Content category**

This column groups the items into like categories.

3. **Item technical reference number**

These numbers are intended for technical reference only for future cross-mapping between potential survey versions. The alphanumeric numbering system combines the item content category (the alpha) and the sequence number of the item within the category (the numeric).

4. **Rating scale (Response options)**

**Frequency scale:**

1 Never, 2 Rarely, 3 Sometimes, 4 Usually, 5 Always.

Items marked with asterisk (\*) also include the response option of 'Not applicable'.

**Performance scale:**

1 Poor, 2 Fair, 3 Good, 4 Very good, 5 Excellent. Items marked with asterisk (\*) also include the response option of 'Not applicable'.

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5. **Bank**

This describes the underlying rationale for grouping and sequencing (or 'banking') of items. It is not intended that these bank descriptions be displayed on printed survey forms.

6. **Item E-16 - "There were activities you could do that suited you"**

This item was only used in the inpatient version of the survey used in the Proof of Concept trial. It is not considered applicable outside inpatient and residential settings.