

ATAPS Client Feedback Survey



Town or Post code:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
For how long did you have to wait for your first appointment with your counsellor? _____ weeks	

Please complete our short survey to help us improve our service to you

Question	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1. ATAPS staff listened to me and took my concerns seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel the ATAPS service has helped me to better understand and address my difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt I was involved in making choices about my care and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel I got the help that mattered to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel confident in my therapists skills and techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was satisfied with the location of the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel my privacy and confidentiality were respected at all times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The communication between my therapist and my GP made the process easier for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was happy with how quickly I was seen by a therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would be happy to use the ATAPS service again in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about your experience with our service

Any other comments or feedback?

Thank you

Please return to Marathon Health using the Reply Paid envelope provided

For more information on ATAPS and MHSRRA services visit www.marathonhealth.com.au or call 02 6826 5271