**STRONG MINDS WESTERN NSW**

**GP/Practice Staff Feedback Survey**

| Practice name/location (optional): |  |
| --- | --- |
| Your role (please tick): □ GP □ Practice staff  |
| Approximately how many Strong Minds Western NSW referrals have you made to Marathon Health in the last 12 months?**□ N/A □ 1-5 □ 5-10 □ 10+** |

For each of the questions in the following table, please place a tick in the column of the response that most closely reflects your view.

|  | Question | Strongly disagree | Disagree | Unsure | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- | --- |
|  | I feel the Intake referral system is easy to use |  |  |  |  |  |
|  | My expectations have been met in regards to timeliness of the referral process |  |  |  |  |  |
|  | Information on the service is easily accessible |  |  |  |  |  |
|  | Communication from the Strong Minds providers has been satisfactory |  |  |  |  |  |
|  | I’m satisfied with the overall service provided by Strong Minds Western  |  |  |  |  |  |

What would you like to see done differently with this service?

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**What specific areas would you like more information on:**

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Any other comments or feedback?

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Thank You