

## Pilot: Shared Care 4Kids Blue Book

### Development Checks 0 – 5 Years

(General Practice – Child and Family Health Service)

### Patient Enablement and Satisfaction Survey

#### Please read the following information before you complete the survey

The Hornsby Fountain Medical Centre is participating in a project to increase My Health Record (Blue Book) development checks for children 0-5 in the Sydney North region. By completing this survey, you acknowledge and consent to the answers being shared with the practice, Sydney North Health Network, and the Northern Sydney Child and Family Health Service.

The survey is optional. If you choose to complete the survey your information will be used to gain a better understanding of what parents/carers expect from Blue Book checks.

This survey was adapted from Australian Primary Health Care Research Institute, Australian National University and the Australian Medicare Local Alliance 2012. For more information go to [APNA](#).

#### Instructions

For each question, highlight the number on the scale that best applies – note that the highest number on the scale signifies 'not applicable'.

### Patient Enablement and Satisfaction Survey

#### 1. About you

**Gender:** Female  Male  Other

#### 2. About the appointment

*Please circle the option that applies to you.*

- a. Have you been to this General Practice before? 1. Yes 2. No 3. Not applicable
- b. Have you been seen by this nurse before? 1. Yes 2. No 3. Not applicable
- c. Would you use this General Practice again? 1. Yes 2. No 3. Not applicable

#### 3. Reason for seeing the nurse

*Immunisation and Blue Book check (What age? Any particular concerns?)*

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#### 4. About your satisfaction with the nurse *Please select a number from 1 to 6.*

Scale: 1. Strongly disagree 2. Disagree 3. Uncertain 4. Agree 5. Strongly agree 6. Not applicable

- a. The nurse was understanding 1 2 3 4 5 6
- b. I felt comfortable to ask questions 1 2 3 4 5 6
- c. My questions were answered in an individual way 1 2 3 4 5 6
- d. I was included in decision-making 1 2 3 4 5 6
- e. I was included in the planning of my child's care 1 2 3 4 5 6
- f. Decisions regarding my child's health care were of high quality 1 2 3 4 5 6
- g. The appointment times were when I needed them 1 2 3 4 5 6
- h. The nurse spent enough time with me 1 2 3 4 5 6
- i. I was confident with the nurse's skills 1 2 3 4 5 6
- j. The nurse was professional 1 2 3 4 5 6
- k. Overall, I was satisfied with today's appointment 1 2 3 4 5 6

#### 5. As a result of seeing the nurse, do you feel you are able to:

*Please select a number from 1 to 6.*

Scale: 1. Same or Less 2. Better 3. Much better 4. Not applicable

- a. understand the importance of your child's Blue Book check 1 2 3 4
- b. understand any issues related to your child's development 1 2 3 4
- c. follow recommendations for your child 1 2 3 4
- d. seek help before the next visit if concerned about your child's development 1 2 3 4

#### 6. Do you have any comments about how we can improve access to the nurses or provision of care in our general practice?

**Thank you for taking the time to complete this survey.**