health oeneration	Client Name:	Anonymous? □ NO	□ Y	ES	H
	Room Number:	Date of interview:	1	1	اقررا

Introduction: In order for us to measure the impact of the services and supports you are currently receiving we would like to talk to you about your quality of care experience (QCE) and quality of life (QOL). This survey is offered every three months in all residential aged care home in Australia.

The surveys are **optional** and you may decline one or both of them, or choose to be **anonymous**.

There are six questions for each of the two surveys. **Each question is a statement and there are five response options for each statement.** The response options are the same for each of the six questions in each survey. Please choose the response option which is true for you.

Note that responses are rated from the highest to lowest scores:

QCE: 4 - Always, 3 - Mostly, 2 - Sometimes, 1 - Rarely, 0 - Never.

QOL: 4 - All of the time, 3 - Most of the time, 2 - Some of the time, 1 - A little of the time, 0 - None of the time

You may choose "Not Applicable" (N/A) for two questions – I will let you know when the question is asked.

The questionnaire is brief and should only take us around 5 minutes to complete. Would you like to proceed?

When answering these questions, I would like you to think about how you feel about your current situation and about how your quality of life is TODAY.

Question - Quality of Care Experience	4	3	2	1	0	Comments
1) I am treated with respect and dignity. [This relates to how staff speak						
to you and respect your wishes, privacy, and belongings.]						
2) I am supported to make my own decisions about the care and						
services I receive. [This relates to being able to make choices about the						
care you receive, e.g. choices related to care, food, and how you organise						
your day.]						
3) I receive care and support from aged care staff who have the						
appropriate skills and training. [This relates to how confident you feel that						
staff are able to provide quality care. E.g. administering medication safely,						
managing health conditions.]						
4) I receive services and supports for daily living that are important for						
my health and wellbeing. [This might include support for your physical						
health or your mental wellbeing, e.g. support to attend appointments,						
equipment to help you do daily tasks, assistance with taking medications.]						
5) I am supported to maintain my social relationships and connections						
with the community. [You can consider your relationships or friendships						
with fellow residents, staff, volunteers, family or community inside or						
outside of the residential care home.]						
6) I am comfortable lodging complaints with confidence that the						Offer N/A option
appropriate action will be taken. [This relates to feeling comfortable to						•
lodge a complaint with your provider, if needed, and feeling that your						
concerns will be taken seriously.]						
Question - Quality of Life						
1) I am able to get around as much as I want to (with the use of mobility						
aids e.g. wheelchair, walker, stick if you use them, or other people who						
help you). [This is about being able to get to the places you need or want to						
go, indoors or outside in the community.]						
2) When I experience pain, it is well managed. [Management of pain may						Offer N/A option
include the provision of heat packs, medication or other treatments from a						-
doctor, physiotherapist or other healthcare professional.]						
3) I am generally happy. [This question is about your emotional wellbeing.						
It is about whether you are generally happy and content with your life.]						
4) I have as much independence as I want. [You can live the life you						
choose and make your own decisions. This includes making decisions						
about your life or day-to-day decisions.]						
5) I have good social relationships with family and friends. [This can						
include family, friends, acquaintances, and older people living with you,						
staff and volunteers.]				L	L	_
6) I have leisure activities/ hobbies I enjoy. [This is about spending time						
doing things you enjoy. You might do these alone or with other people. They						
may be activities organised by aged care staff or family and friends.]	1	1	1	1	l	

Closing: Thank you for taking the time to answer these questions. We appreciate your responses.