

After Hours Survey**Section 2 Contact with Help Line outside of normal business hours**

2. Did a Help Line operator return your call within 15 minutes?

Yes No

If no, please explain _____

3. Did you receive all the information you required during your Help Line call?

Yes No

If no, please explain _____

4. Are you likely to need to use the Help Line again out of business hours?

Yes No

5. What suggestions can you make for improving the after hours Help Line service?

Thank you for your time and effort in completing this survey.

By taking a few moments to complete this survey, your comments help us to review and improve the Help Line service. If we have posted the survey to you, please return the completed survey in the enclosed pre-paid postage envelope. If you have downloaded the survey from the internet, please forward it to us at your convenience. Your survey responses remain anonymous and will be used strictly for the purposes of evaluation.

Section 1 is to be completed by all callers of the Help Line.

1. Where did you learn about the Help Line?

- family member/friend telephone book
 health/aged care service newspaper/radio
 other, please specify

2. At what time would you be most likely to contact the Help Line?
(please tick 1 only)

- business hours weekends
 evenings late at night

3. Help Line staff provide the following services. Which of these best meet your current requirements?

(please only tick 1 or 2 options)

- information (verbal and printed)
 ideas/suggestions
 listening/support
 referral to other health and aged care services
 crisis/emergency assistance

4. Did your call to the Help Line include your preferred option/s (indicated above)?

Yes No

5. How do you rate the Help Line staff member's ability to listen? (please tick one)

Excellent good fair poor very poor

6. How do you rate the Help Line staff member's display of knowledge about dementia? (please tick one)

Excellent good fair poor very poor

7. How comprehensive was the information that you received in the mail-out? (please tick one)

Included unnecessary information
 Did not suit my needs
 Satisfied my needs

8. Did you find the information easy, moderate or difficult to understand? (please tick one)

Easy
 Moderate
 Difficult

9. If you were referred to another service, did it meet the needs you expressed to the Help Line operator?

Yes No Not applicable

If no, please explain _____

10. Will you call the Help Line again if you need to?

Yes No

If no, please explain _____

11. What suggestions can you make for improving the Help Line service?

After Hours Survey

Section 2 is to be completed ONLY by those who contacted the Help Line outside of normal business hours

1. Did you experience any problems in providing your details to the paging service?

Yes No

If yes, please explain _____
