

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 Dementia Help Line service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



## Dementia Help Line Survey

*Striving for excellence!*

By taking a few moments to complete this survey, your comments help us to review and improve the Dementia 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 Dementia Help Line.**

1. Where did you learn about the Dementia 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. Dementia 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. On a scale of 1 to 5, how do you rate the Help Line staff member's ability to listen? *(please circle one)*

- |           |      |      |      |           |
|-----------|------|------|------|-----------|
| 1         | 2    | 3    | 4    | 5         |
| excellent | good | fair | poor | very poor |

6. On a scale of 1 to 5, how do you rate the Help Line staff member's display of knowledge about dementia? *(please circle one)*

- |           |      |      |      |           |
|-----------|------|------|------|-----------|
| 1         | 2    | 3    | 4    | 5         |
| excellent | good | fair | poor | very poor |

7. The information that you received in the mail-out.....?  
*(please circle one)*

- Did not suit my needs
- Satisfied my needs
- Included unnecessary information

8. Did you find the information easy, moderate or difficult to understand? *(please circle 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 Dementia Help Line again if you need to?

- Yes       No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

11. What suggestions can you make for improving the Dementia 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 \_\_\_\_\_