

Client/Prescriber Satisfaction Feedback Form - MASS 81

This form is to be used by applicants or prescribers to provide feedback to MASS

Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, or if required or authorised by law.

Section A – Applicant Information

Applicant / Prescriber's name (optional):

No name is required if you wish to remain anonymous

Section B – Questionnaire

Please rate the service provided by MASS as follows:

1 = very poor, 2 = poor, 3 = satisfactory, 4 = good, 5 = very good

Statement	1	2	3	4	5
The staff listened to my concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff expressed concern about my welfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff discussed my needs with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was informed about the arrangements being made for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I clearly understood what was being explained to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can contact MASS about my needs as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C – Additional Information

Please comment on how the MASS service may be improved:

What area of MASS does this issue relate to?

- ☐ Communication aids
 ☐ Continence aids
 ☐ Daily Living aids
☐ Shoes or Orthoses
 ☐ Mobility aids
 ☐ Oxygen

Approximately how recent was your last contact with MASS?

- ☐ Within last week
 ☐ Within last month
 ☐ Within last year
 ☐ Longer than one year

Post OR Fax completed forms to a MASS Service Centre

Brisbane:

Medical Aids Subsidy Scheme
 PO Box 281, Cannon Hill Qld 4170
 Telephone: 3136 3636 Fax: 3136 3500
 Email: mass184@health.qld.gov.au
 Website: www.health.qld.gov.au/mass

Townsville:

Medical Aids Subsidy Scheme
 PO Box 980, Hyde Park Qld 4812
 Telephone: 4433 8000 Fax: 4433 8001
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