Short Outcomes Survey Template

*This survey Short Survey template has been developed by Wilson, E., Brown, C. & Campain, R. (2023) Centre for Social Impact, Swinburne University of Technology, following pilot testing with a range of community services in Australia. The survey is designed to be completed within 10 minutes either independently or with support. It can be administered online, face to face, paper-based or by phone. Please customize to suit the service context.*

[Name of service] Consumer Outcomes Survey

Welcome.  
   
[Insert an introduction to the survey / project with relevant information - e.g. why the survey is being conducted, how the information will be used, time to complete, investigator's contact details, any information required by an ethics committee etc.]

Q1 How have these areas of your life (outcomes) changed since you received support from the [insert program / service name]?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not relevant to me | Got a lot better | Got a bit better | No change | Got a bit worse | Got a lot worse |
| [Insert outcome e.g.].  **Confidence as a parent/caregiver.**  (For example, confidence to parent effectively and handle child problems; able to make decisions about caring for your child; feel like you are doing a good job as a parent; having a good idea what the job of being a parent is about.)  [Note: for each outcome, you can choose to include a short description – as per the above - in brackets or not, and customize wording to suit] |  |  |  |  |  |  |
| [Insert outcome e.g.].  **Mental health** |  |  |  |  |  |  |
| [Insert outcome e.g.].  **Control and choice in daily life** |  |  |  |  |  |  |
| [Insert other outcomes] |  |  |  |  |  |  |
| [Finally, insert ‘other’ outcome option providing an open-text response e.g.]  **Other outcomes (please tell us about them)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | |

Q2 Please tell us about the biggest change in your life as a result of your involvement with the [insert name of program / service]

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Q3 Do you think the [insert name of program / service] made a positive contribution to these areas of your life (outcomes) overall?

* Not relevant to me
* No, not at all
* Yes, to some extent
* Yes, to a large extent

Q4 What was the main thing [name of program / service] did to help you achieve these changes (outcomes)?

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Q5 What were the barriers to you achieving the changes (outcomes) you wanted?

[Select the barriers that most relate to the context / cohort and customize the language to suit. Remove any barriers you decide are not relevant. Add additional barriers as appropriate]

Please tick all that apply:

* **Housing issues**
* **Money issues**
* **Personal issues**
* **Lack of personal motivation**
* **Parental responsibilities**
* **Insufficient family/community support**
* **Negative judgement or attitudes of others**
* **Feel guilty about reaching out for support**
* **Transport issues**
* **Inadequate services**
* **Not enough contact with staff / services**
* **Poor service quality**
* **Didn't understand the advice given by the service**
* **Don't trust services / government**
* **Don’t know what additional support is available**
* **Have difficulty understanding services as English is not my first language**
* **Have difficulty with reading and writing**
* **Lack of experience in Australia**
* **Lack of access to, or difficulties using a computer or the internet**
* **Covid**
* **Family violence and safety**
* **Other** (please tell us)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6 Please tell us about the biggest barrier that prevented you from achieving positive change (outcomes)

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Q7 What would improve the [insert name of program / service] / what could be done better?

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Q8 Is there anything else you would like to tell us?

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[Insert demographic questions or questions about the type / intensity of service received as needed]

Thank you for taking the time to complete the survey.