

Improving the Dementia Care Journey Service Booklet Feedback Form
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Which local government area do you work/live in
(select other if from outside Loddon Mallee region):

- | | |
|---|--|
| <input type="checkbox"/> Buloke | <input type="checkbox"/> Loddon |
| <input type="checkbox"/> Bendigo | <input type="checkbox"/> Macedon |
| <input type="checkbox"/> Campaspe | <input type="checkbox"/> Mildura |
| <input type="checkbox"/> Central Goldfields | <input type="checkbox"/> Mount Alexander |
| <input type="checkbox"/> Gannawarra | <input type="checkbox"/> Swan Hill |
| <input type="checkbox"/> Other _____ | |

Are you a:

- | | |
|---|---|
| <input type="checkbox"/> Community service provider | <input type="checkbox"/> Residential service provider |
| <input type="checkbox"/> Acute/Sub-acute service provider | <input type="checkbox"/> Other _____ |

1. The Dementia service booklet includes all dementia services in my area: Yes No

2. The Dementia service booklet includes services in my area that I was not aware of before receiving the booklet: Yes No

3. In my practice the Dementia service booklet will be:
Not useful at all Extremely useful

1	2	3	4	5	6	7	8	9	10
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4. The format of the Dementia service booklet is:
Not well formatted Very well formatted

1	2	3	4	5	6	7	8	9	10
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5. What I like the most about this dementia services booklet is:

6. What I like the least about this dementia services booklet is:

Comments:

Please fax your completed feedback form to Angela Crombie 5454 6420 or email acrombie@bendigohealth.org.au.