



Participant Satisfaction Survey

Thrive Pathways

Full Name (optional):	
NDIS Number (optional):	
Date of Birth (optional):	
Date of Survey:	
Completed By:	☐ Participant ☐ Guardian / Representative ☐ Someone helping the participant ☐ Other

Please take a few minutes to complete this survey. Your feedback helps us improve our services. Tick the box that best represents your experience. If a question does not apply to you, select N/A. Your name, NDIS number and date of birth are optional, you can leave them blank. Your responses are confidential and will only be used to improve service quality.

OVERALL SATISFACTION						
Question	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	N/A
How satisfied are you with the overall services you receive?	☐	☐	☐	☐	☐	☐
How satisfied are you with the support provided by staff?	☐	☐	☐	☐	☐	☐
How satisfied are you with the communication from your service provider?	☐	☐	☐	☐	☐	☐
How satisfied are you with the way your rights and choices are respected?	☐	☐	☐	☐	☐	☐



SERVICE QUALITY						
Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The services I receive are of high quality.	☐	☐	☐	☐	☐	☐
The staff are professional and knowledgeable.	☐	☐	☐	☐	☐	☐
The services provided meet my individual needs and goals.	☐	☐	☐	☐	☐	☐
The staff treat me with respect and dignity.	☐	☐	☐	☐	☐	☐
I feel safe when receiving supports and services.	☐	☐	☐	☐	☐	☐

SERVICE ACCESSIBILITY						
Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
It is easy to access the services I need.	☐	☐	☐	☐	☐	☐
Appointments are scheduled at times that are convenient for me.	☐	☐	☐	☐	☐	☐
The service location is accessible to me.	☐	☐	☐	☐	☐	☐
I can contact my provider easily when I need to.	☐	☐	☐	☐	☐	☐

COMMUNICATION						
Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The service provider communicates clearly and effectively.	☐	☐	☐	☐	☐	☐
I am informed about any changes to my services in a timely manner.	☐	☐	☐	☐	☐	☐
I feel comfortable discussing my needs and concerns with the provider.	☐	☐	☐	☐	☐	☐
Written information is provided in a format I can understand.	☐	☐	☐	☐	☐	☐



PARTICIPANT CHOICE AND CONTROL						
Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I am actively involved in planning my services.	☐	☐	☐	☐	☐	☐
My input and preferences are respected when making decisions.	☐	☐	☐	☐	☐	☐
I feel that my goals and aspirations are considered in my service plan.	☐	☐	☐	☐	☐	☐
I have the information I need to make choices about my supports.	☐	☐	☐	☐	☐	☐

COMPLAINTS AND FEEDBACK						
Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I know how to make a complaint if I am not happy with the services.	☐	☐	☐	☐	☐	☐
I feel comfortable making a complaint if necessary.	☐	☐	☐	☐	☐	☐
The service provider responds to my complaints and feedback appropriately.	☐	☐	☐	☐	☐	☐
I feel my feedback leads to positive changes in my services.	☐	☐	☐	☐	☐	☐

OVERALL EXPERIENCE						
Question	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	N/A
How likely are you to recommend our services to others?	☐	☐	☐	☐	☐	☐
Overall, how would you rate your experience with Thrive Pathways?	☐	☐	☐	☐	☐	☐



ADDITIONAL COMMENTS AND SUGGESTIONS

Please provide any additional comments or suggestions for improving the services you receive:

WHAT DID WE DO WELL?

WHAT COULD WE DO BETTER?

SIGNATURE (OPTIONAL)

Participant / Guardian Name:	
Signature:	
Date (DD/MM/YYYY):	

Thank you for taking the time to complete this survey. Your feedback is invaluable and will help us continue to improve the quality of our services. If you would prefer to provide feedback verbally, please talk to any of our team or call us on 1300 429 593.
HOW TO RETURN THIS SURVEY: Post it to PO Box 75R, Redan VIC 3350 | Email it to hello@thrivepathways.com.au | Phone us on 1300 429 593 and we can fill it in with you | Or hand it to any of our team.