CONSUMER INFORMATION FEEDBACK TOOL

ISLHD Patient Information Portal

NSW GOVERNMENT | **Health** Illawarra Shoalhaven Local Health District

Thank you for taking the time to help us create consumer information that is of high quality and easy to read and understand. Your comments about this resource are appreciated.

Name of Publication:				
Date and Venue of Review:	Interpreter present for consumer feedback: Yes / No / NA If Yes please list language(s):			

		Yes	**Not Sure**	**No**
1	Is the publication easy to read?			
2	Is the print large enough to be read?			
3	Is the publication easy to understand?			
4	Did you find the information helpful?			
5	Does the publication contain words that you don't understand? (eg: medical language)			
6	Did you find the publication interesting to look at e.g. pictures, use of colour etc?			
7	Is it clear what the publication is about?			
8	This publication is about:			
9	What is the information that stands out the most for you?			
10	Is there other information you would like to see included in this publication?			
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