



## The Australian Council of Stoma Associations Inc.

ABN 12 516 756 556

Patron: His Excellency General the Honourable David Hurley AC DSC (Retd)

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### Australian Council of Stoma Associations Ostomates' Feedback Survey

Dear Ostomate

The Australian Council of Stoma Associations (ACSA) is the peak body for the Stoma Associations in Australia. ACSA is responsible for liaising with Government about the Stoma Appliance Scheme and oversight of the 21 Stoma Associations in Australia.

We are requesting that you complete a brief survey. The results will be used to:

- ensure we can identify how well the Scheme is working for you
- understand the nature of ostomates' stoma education and product supply needs
- provide us an opportunity to identify and respond to any important issues you identify.

The results will also inform our dealings with the Federal Department of Health in supporting ACSA's submissions for improvements to the Scheme.

The survey should take approximately 5 minutes to complete. A summary of the findings will be published in the Ostomy Australia Journal.

If possible, please complete the survey **on-line**, alternatively, you can manually fill in this survey.

**To complete the survey on-line** enter this link into the web browser on your computer:

<https://www.surveymonkey.com/r/ACSA2021>

**OR** you can access the survey on your **smartphone** using this QR code:



**If you complete this survey**, please return by either:

**Mail to:** ACSA Survey,  
PO Box 348  
Annandale NSW 2038

**Scan and email to:** [acsapres@australianstoma.com.au](mailto:acsapres@australianstoma.com.au)

Thank you in advance for completing this survey. It is much appreciated and will make a difference.

Keep well.

  
Dr Allen Nash, ACSA President

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Correspondence to: The ACSA Secretary  
PO Box 2427  
SALISBURY DOWNS SA 5108

email: [acsasec@australianstoma.com.au](mailto:acsasec@australianstoma.com.au)  
[www.australianstoma.com.au](http://www.australianstoma.com.au)

# Australian Council of Stoma Associations Ostomates' Feedback Survey

Your feedback is important to us. We appreciate you taking the time to complete this survey.

**1. Who orders your stoma products?**

- I do it myself
- A family member
- Care provider
- Residential facility
- Other (please specify) .....

**2. What is your primary source of information on managing your stoma?**

- Stomal Therapy Nurse
- Your local Stoma Support Group
- Ostomy product suppliers' websites
- Your Doctor
- Ostomy Australia Journal
- Other (please specify) .....

**3. Please indicate how important the following services are to you.**

	Not Applicable	Very important	Somewhat important	Neutral	Somewhat unimportant	Very unimportant
Your Stoma Association website to provide resources						
Your Stoma Association Newsletter						
Ostomy Australia Journal						
Information meetings for ostomates run by your Stoma Association						
Stomal Therapy Nurse consultations made available by your Stoma Association						
Online access to a Stomal Therapy Nurse						
Ability to order your supplies online						
Ability to pick up orders from your Stoma Association Office						
Suppliers' websites for information						
Your local stoma support group						

**4. Generally how responsive has your Stoma Association been to your questions or concerns?**

- I have not had any questions
- Extremely responsive
- Very responsive
- Somewhat responsive
- Not so responsive
- Not at all responsive

**5. On average how long does it take for you to receive your order?**

- 1 to 7 days
- 8 to 14 days
- More than 14 days

**6. What is your preferred method for receiving information from your Stoma Association?  
You can select more than one.**

- Notes with orders
- Letters
- SMS message to your phone
- Phone call
- Email
- Facebook
- From the Stoma Association's website
- Other (please specify) .....

**7. Do the office hours of your Stoma Association meet your needs at present?**

- Yes
  - No, please say why in comment below:
- .....
- .....

**8. How would you rate your Stoma Association's response to COVID-19 in their service provision?**

- Very poor
- Poor
- Acceptable
- Good
- Very good

**9. If the payment structure of the Stoma Appliance Scheme were to change, how would you prefer to pay for your portion of the cost of providing supplies and support?**

- Annual fee only
- Annual fee and packing and handling fee per order (both pick up and post)
- No annual fee and a packing and handling fee only (both pick up and post)
- Other (please specify) .....

**10. What is the source of your information on the following aspects of the Stoma Appliance Scheme? You can nominate more than one source for each option.**

	I do not know how to get this information	Health Department website	My Stoma Association	Stoma Support Group	Stomal Therapy Nurse
The quantity of each stoma product you can order each month					
How to get a quantity above the Government allowance for a particular product					
How do you know the range of stoma products that are available to you					

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Other sources of information (please specify) .....

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**11. Which Stoma Association do you place your orders with?**

- |                                                                   |                                                                                 |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> ACT & Districts Stoma Association        | <input type="checkbox"/> Ostomy Tasmania                                        |
| <input type="checkbox"/> Bendigo and District Ostomy Association  | <input type="checkbox"/> Peninsula Ostomy Association                           |
| <input type="checkbox"/> Cancer Council NT                        | <input type="checkbox"/> Queensland Ostomy Association                          |
| <input type="checkbox"/> Colostomy Association of Victoria        | <input type="checkbox"/> Queensland Stoma Association                           |
| <input type="checkbox"/> Geelong Ostomy Association               | <input type="checkbox"/> Toowoomba & South West Ostomy Association              |
| <input type="checkbox"/> Gold Coast Ostomy Association            | <input type="checkbox"/> Victorian Children's Ostomy Association                |
| <input type="checkbox"/> Ileostomy Association of South Australia | <input type="checkbox"/> Western Australian Ostomy Association                  |
| <input type="checkbox"/> North Queensland Ostomy Association      | <input type="checkbox"/> Wide Bay Ostomates Association                         |
| <input type="checkbox"/> NSW Stoma                                | <input type="checkbox"/> Warrnambool Ostomy Association                         |
| <input type="checkbox"/> Ostomy Association of Melbourne          | <input type="checkbox"/> I am not sure which Association I place my orders with |
| <input type="checkbox"/> Ostomy Association of South Australia    |                                                                                 |
| <input type="checkbox"/> Ostomy NSW                               |                                                                                 |

**12. What type of stoma do you have? You can select more than one.**

- Colostomy
- Ileostomy
- Urostomy
- I am not sure
- Other (please specify) .....

**13. How long have you had your Stoma?**

- Less than a year
- From 1 to 3 years
- From 4 to 6 years
- From 7 to 10 years
- Over 10 years

**14. What is your age range?**

- 30 and under
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81 +

**15. Please enter your postcode: .....**

**16. Is there anything else you would like to give feedback on?**

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