

Online supplement

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Out-patients satisfaction questionnaire

We would like to know how we can improve our service. Please let us know your experience of **psychiatric out-patients** by answering the questions below. This questionnaire is anonymous and will not affect the treatment you receive today.

If the patient is not able to fill this survey in themselves, we would be grateful if a relative or carer could assist them. The opinions should still be those of the patient, however.

Please try to answer all of the questions.

Please tick one box only for each question.

1. The person filling in this questionnaire is:

A patient ☐

Spouse/partner ☐

Another carer ☐

please specify.

2. The patient is:

Male ☐

Female ☐

3. What type of visit is your appointment today?

First visit ☐

Follow-up ☐

4. Has somebody from elderly mental health services previously seen you at home?

Yes ☐

No ☐

Don't know ☐

5. How do you usually travel to psychiatric out-patients?

Drive myself ☐

Relative/carers drives me ☐

Ambulance ☐

Taxi ☐

Bus ☐

Other ☐

please specify.

6. How would you describe your main mental health problem? (Please leave blank if you would prefer not to answer)

Mood problems ☐

Memory problems ☐

Other ☐

please specify.

Overall, are you satisfied with your experience of psychiatric out-patients?

Yes ☐

No ☐

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If we were to re-organise our services, which of these would you prefer?

- Home visit from mental health worker (not necessarily a doctor) ☐
- Continue to attend out-patients ☐
- Don't know ☐

Concerning **your consultations**, please rate the following sentences depending on how much you agree or disagree with them.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1. The professional listens to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The professional accepts my opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am not able to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The professional is trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I do not feel intimidated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My information is treated with confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would prefer to see the same person each time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The reasons for giving me medications are explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Side-effects of medications are explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other health professionals (e.g. nurses) can provide the same service as seeing a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Attending psychiatric out-patients is a different service to seeing a GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Attending psychiatric out-patients is a better service than seeing a GP for mental health difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about your general experience of **psychiatric out-patients** by saying whether you agree or disagree with the following sentences.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1. Out-patients is useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Out-patient appointments give me new information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My mental health has not benefited from attending out-patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attending out-patients is a pleasant experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concerning **the psychiatric out-patients department**, please rate the following sentences depending on how much you agree or disagree with them.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1. Travelling to out-patients is difficult to arrange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can easily get in and out of the building and consultation room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adequate toilet facilities are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is not enough privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The reception staff are pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued

Concerning **your appointments**, please rate the following sentences depending on how much you agree or disagree with them.



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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1. I waited too long for a letter about my appointment date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My appointments are close enough together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is enough flexibility to change appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My appointment times are convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I spend too long in the waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any other comments about psychiatric out-patients, please add them here:

If there are any sections of this questionnaire you have not been able to complete, please let us know why:

Thank you for taking the time to fill in this questionnaire. If you have completed it in out-patients please hand it back to the receptionist. If you have completed it at home please post it back in the envelope provided.

Out-patients satisfaction questionnaire – cover sheet

Date:

Clinic session (am/pm):

Questionnaire number:

Clinic location:

Is the patient/carer willing to complete the questionnaire?

Yes ☐

No ☐

Reasons for not completing (if given):

Is this the patient's first visit?

Yes ☐ → Please supply them with a stamped addressed envelope

No ☐ → Please ask them to hand it in when completed

Thank you