



Talking Treatment

*If you prefer filling in this questionnaire online, please go to www.rcpsych.ac.uk/napt/data.htm and click on SERVICE USER SURVEY
Username: **audit 2010** Password: **napt***

Service Code:

The service code allows us to identify the service you attended. It will **not** identify you personally.

No one will be able to identify you personally, but filling in this questionnaire will help your service to get feedback on whether they are meeting your needs.

This questionnaire is part of a National Survey about talking treatments for anxiety and depression.

It is a short questionnaire with tick-box answers, and space to write any comments you may have.

If you don't want to answer any of the questions or feel that they do not apply to you, just leave them blank.

When you have finished please return it to us in the **freepost** envelope provided.

For more information about the questionnaire please see the enclosed leaflet, go to our website: **www.rcpsych.ac.uk/napt** or call a member of the National Audit team on 020 7977 4974.

Thank you for taking the time to fill in this questionnaire

Please turn the page

Talking Treatment - Access

Thinking about your current treatment, please tick your answer to each statement below:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. I was referred for talking treatment at the right time. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The waiting time for my talking treatment to start was reasonable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My appointment was scheduled on a day/time that was convenient to me. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I was able to get to my appointment location without too much difficulty. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I received enough information about my talking treatment before it began. | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered NO to any of the above OR if you would like to add anything else (e.g. about the venue, therapist etc.), please comment below:

Talking Treatment - Outcomes

Thinking about your current treatment, please tick your answer to each statement below:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. This talking treatment helps me to understand my difficulties. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am getting the right kind of help. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am receiving the right number of sessions of talking treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If I have similar difficulties in the future, I would take up this talking treatment again. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This talking treatment helps me cope with my difficulties. | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered NO to any of the above OR if you would like to add anything else (e.g. problems during treatment etc.), please comment below:

Relationship with Therapist

(If you are receiving computerised CBT and you feel that the questions do not apply, you do not need to complete this section)

Thinking about your last meeting, please indicate how strongly you agree or disagree with each statement by selecting the appropriate answer:

	<i>strongly disagree</i>	<i>moderately disagree</i>	<i>slightly disagree</i>	<i>neutral</i>	<i>slightly agree</i>	<i>moderately agree</i>	<i>strongly agree</i>
1. My therapist and I have difficulty working jointly in a partnership*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My therapist and I agree about how to work together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My therapist is supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have confidence in my therapist and his / her techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My therapist is confident in him / herself and his / her techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please note that this question is worded negatively, but all the others are positively worded questions.

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This modified format of the 'ARM-5' (Agnew Relationship Measure) has been approved by the copyright holders

Background Information

We will not be able to identify you from this information. We would like you to fill in this section so that we can see whether the people who have responded to this questionnaire are representative of their local population.

1. Your age

- 18-24 35-44 55-64 75+
- 25-34 45-54 65-74

2. Your gender

- Male Female Transgender

3. Your ethnic group

White

- British Irish Any other White Background

Mixed

- White and Black Caribbean White and Black African White and Asian Any other mixed background

Asian or Asian British

- Indian Pakistani Bangladeshi Any other Asian background

Black or Black British

- Caribbean African Any other Black background

Chinese or Other Ethnic Group

- Chinese Any other Ethnic Group

4. Your talking treatment:

Please select one from the list below

- CBT (*Cognitive-behavioural therapy*)
- MBCT (*Mindfulness-based cognitive therapy*)
- Person-centred/humanistic therapy
- Solution-focused therapy
- Psychodynamic/psychoanalytic therapy
- CAT (*Cognitive analytic therapy*)
- Counselling
- Low intensity treatment (*e.g. Computerised CBT, self-help, books on prescription, etc.*)
- Other therapy
- Not sure

If other, please specify

5. Please state how many talking treatment sessions you have had in your CURRENT course of treatment:

6. Thinking about your current treatment, how long approximately did you have to wait for your talking treatment to start?

(From the point of being referred (e.g. by your GP, Community Mental Health Team (CMHT) etc.) to seeing your current therapist regularly)

- 1 month or less
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- more than 12 months

Additional Comments about your Experience of Treatment

Please let us know if you have anything else that is important to you, or that you would like to say about your treatment:

Feedback and Comments on the Questionnaire

The NAPT Project Team would be very grateful if you could give us some general feedback on this questionnaire.

Please use the space below to tell us any comments about the questionnaire itself (e.g. layout, appearance, etc.) or whether there is anything we have missed in the questionnaire:

Many thanks for completing the survey.

Please use the freepost envelope provided to send your answers to the NAPT Project Team by Monday, 20 December 2010.

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