

ACP 360



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

Multi-source assessment for psychiatrists

Service user questionnaire

We would be grateful if you would complete this questionnaire about your psychiatrist Dr _____.

Your psychiatrist would like you to complete this form so that he or she can better improve and develop the quality of care he or she provides.

Your name is not required, your psychiatrist will not be able to identify your personal responses and nobody will know if you decide not to complete the questionnaire.

Other service users will also be completing this form about your psychiatrist. He or she will receive the combined feedback from these service users.

The envelope in which you seal the questionnaire is addressed to the team that will analyse the results. The number on the outside of the envelope is to identify the and does not refer to you.

The questionnaire and envelope will be destroyed once the results have been analysed.

Please try to be as honest as you can when you fill in the questionnaire.

Please do not put anything other than the completed questionnaire into the envelope.

PLEASE RETURN THE QUESTIONNAIRE WITHIN 10 DAYS

PLEASE TICK A BOX TO RATE THE EFFECTIVENESS OF YOUR PSYCHIATRIST FOR EACH BEHAVIOUR		Very low	Low	Moderately low	Moderately high	High	Very High
1	Is friendly and easy to approach						
2	Listens well to what I say						
3	Provides useful information when I need it or ask for it						
4	Speaks clearly so that I can understand						
5	Keeps appointments and is on time						
6	Is warm, genuine and understanding						
7	Offers me reassurance when I need it						
8	Shows respect for me						
9	Always values my opinions						
10	Includes my opinions when making decisions with me						
11	Considers my personal safety when offering advice or making decisions about my case						
12	Asks me about my points of view						
13	Makes information easy for me to understand						
14	Takes into consideration my responsibilities as a parent and the needs of my dependents/ children or other family members						
15	Remains calm under pressure and eases difficult situations						
16	Asks the opinions of my carers and/or relatives						
17	Is sensitive and clear when giving information (including bad news) to my carers/relatives						

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

PLEASE NOW SEAL THE QUESTIONNAIRE IN THE ENVELOPE PROVIDED AND POST IT IMMEDIATELY