**Patient Experience Questionnaire**

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| --- | --- |
| Please help us improve our service by answering some questions about the service you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much. We appreciate your help.  |  |
| 1. How satisfied are you with the amount of time you had to wait for your first appointment? |  |
| Very dissatisfied  |  |
| Dissatisfied  |  |
| Neutral/not sure  |  |
| Satisfied  |  |
| Very satisfied  |  |
|   |  |
| 2. Were you given the option of more than one form of therapy/treatment from which to choose? |  |
| Yes  |  |
| No  |  |
|   |  |
| 3. How satisfied are you with the type of treatment that you received? |  |
| Very dissatisfied  |  |
| Dissatisfied  |  |
| Neutral/not sure  |  |
| Satisfied  |  |
| Very satisfied  |  |
|   |  |
| 4. Were you offered a choice of worker/therapist? |  |
| Yes  |  |
| No  |  |
|   |  |
| 5. How satisfied are you with the therapist that treated you? |  |
| Very dissatisfied  |  |
| Dissatisfied  |  |
| Neutral/not sure  |  |
| Satisfied  |  |
| Very satisfied  |  |
|   |  |
| 6. Did you receive information from us in relation to other forms of help that may have been available helpful? |  |
| Yes  |  |
| No  |  |
|   |  |
| 7. Was there sufficient time to think about what was offered to you before you had to make any decision? |  |
| Yes  |  |
| No  |  |
|   |  |
| 8. How involved were you with important decisions about your care/treatment?Decisions were taken: |  |
| Against your wishes  |  |
| As you wished but without your permission  |  |
| Without your full involvement, but with your permission  |  |
| With your full involvement  |  |
|   |  |
| 9. Did you feel free to change your mind after making a decision about your treatment? |  |
| Yes  |  |
| No  |  |
|   |  |
| 10. How satisfied are you with the overall experience of using this service? |  |
| Very dissatisfied  |  |
| Dissatisfied  |  |
| Neutral/not sure  |  |
| Satisfied  |  |
| Very satisfied  |  |
|   |  |
| 11. Please tell us about anything that you think would improve this psychological therapies service, or any comments you have about italk |  |

**Thank you**

**Email us: info@italk.org.uk**

**Call us: 023 8038 3920**