

Date		Time		Name of ward	
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How long have you been an inpatient in this ward?			
<i>Less than 1 week</i>	<i>Between 1 week and 1 month</i>	<i>More than 1 month</i>	<i>Would rather not say</i>

How old are you?					
<i>Under 18</i>	<i>18-24</i>	<i>25-44</i>	<i>45-64</i>	<i>65+</i>	<i>Would rather not say</i>

Are you detained under the Mental Health Act?		
<i>Yes</i>	<i>No</i>	<i>Would rather not say</i>

Gender?		
<i>Male</i>	<i>Female</i>	<i>Would rather not say</i>

Is this your first admission?		
<i>Yes</i>	<i>No</i>	<i>Would rather not say</i>

Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		1 Strongly disagree	2 Slightly disagree	3 Neither agree or disagree	4 Slightly agree	5 Strongly agree	X Not applicable
01	I feel safe in the day time.						
	Comments						
02	I feel safe at night time.						
	Comments						
03	I feel safe in the shared areas of the ward.						
	Comments						

Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		1 Strongly disagree	2 Slightly disagree	3 Neither agree or disagree	4 Slightly agree	5 Strongly agree	X Not applicable
04	I feel safe when staff are not obviously visible. For example, handover times or meal times.						
	Comments						
05	I feel the ward is a safe one to visit - including carers, friends, family and children.						
	Comments						
06	The mixture of male and female patients in this unit/ward feels safe.						
	Comments						
07	I feel safe even when there are difficult events on the ward involving other patients.						
	Comments						
08	I feel confident that staff deal safely with difficult events on the ward.						
	Comments						

Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		1 Strongly disagree	2 Slightly disagree	3 Neither agree or disagree	4 Slightly agree	5 Strongly agree	X Not applicable
09	I think there are enough staff to manage difficult events on the ward.						
	Comments						
10	Staff help me to make sense of difficult events on the ward after they have happened.						
	Comments						
11	If I had to be restrained or witnessed somebody else being restrained I feel this would be done safely.						
	Comments						
12	I was involved in making decisions about my medication and included in any reviews.						
	Comments						
13	I feel I have received enough information about why I take my medication and also about the side effects it may cause.						
	Comments						
14	Staff support me if they see me becoming upset.						
	Comments						

Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		1 Strongly disagree	2 Slightly disagree	3 Neither agree or disagree	4 Slightly agree	5 Strongly agree	X Not applicable
15	I feel safe to express any concerns I have regarding safety.						
	Comments						
16	If I have concerns about my safety, I would know who to go to.						
	Comments						
17	When I expressed concerns I felt staff provided appropriate support.						
	Comments						
18	I feel staff consider my safety and involve me when planning my care.						
	Comments						
19	Can you let us know anything you think would improve the safety of this ward.						
20	What do you do to keep yourself safe?						

*On behalf of the Scottish Patient Safety Programme for Mental Health, thank you for all your help.*

## additional information (to be provided by the facilitator or volunteer)

Your name and organisation:	
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Approximate time taken by the patient to complete the questionnaire? (Please tick the relevant box)	Less than 10 minutes	<input type="checkbox"/>
	10–30 minutes	<input type="checkbox"/>
	More than 30 minutes	<input type="checkbox"/>
	Kept to complete later	<input type="checkbox"/>
	Not able to complete	<input type="checkbox"/>

How much help did the patient need to complete the questionnaire? (Please tick the relevant box)	Self completed	<input type="checkbox"/>
	Brief guidance and self completed	<input type="checkbox"/>
	Guidance during half of the questionnaire	<input type="checkbox"/>
	Guidance throughout	<input type="checkbox"/>

### **Acknowledgements**

We would like to thank all those who have worked with us to produce the Scottish Patient Safety Programme for Mental Health Patient Safety Climate Tool.

We would like to acknowledge the commitment to partnership working made by mental health clinicians and professionals, service users and voluntary organisations in this process, and in particular VOX Scotland.

