



Patient survey of mental health services



Please tell us about your stay in a Mental Health Service.



It will help us check services and help them get better.



Please tick the box that is best for you or write your answer in the space. There is extra space at the end if you need more space for answers. You may want a family member or carer to help you to do this.



You do not have to answer any questions you do not want to.

About you



1. Are you

Female

Male

Prefer not to say



2. How old are you?



About your stay

3. Which hospital did you go to?



4. Before you went into hospital were you told what was going to happen while you were there?

Yes

No

5. Did they send you any information?

Yes

No



If yes, was it in easy read?

Yes

No



6. Did the hospital do anything special to help you with your needs when you got there?



7. Did you get enough time with the doctor to talk about what you might need?

Yes

Please tell us what

No



Was there anything they could have done?



8. Did you understand everything that was said to you?

For example, why you were there, what was going to happen to you?

Yes

No



9. Do you have a hospital passport?

Yes

No

Do not know



Did the hospital staff look at it?

Yes

No



10. Did you have a plan of what would happen to make you well so you could leave hospital?

Yes

No



If yes, did you help make it?

Yes

No



11. Were you involved in everything that happened to you and were you told what was happening?

Yes

No

What could they have told you more about?



12. Were your family or carer involved in what would happen to you if you wanted them to be?

Yes

No

Do not know



13. Were you able to see your family or carers when you wanted to?

Yes

No



Anything else about this?









14. Did you keep in contact with your community services at home?

Yes

No

15. Did the service help you with any of these?

		Yes	No	Do not know
	Eating healthy foods			
	Help if you are constipated (trouble with hard poo when you go to the toilet)			
	Doing exercise and keeping active.			
	How well you are sleeping			
	Checking your eyes and how well you can see			
	Checking your ears and how well you can hear			



16. If you need to use pads were they changed often?

Yes

No



If no – did this make you sore or uncomfortable?

Yes

No

A bit



17. If they gave you medicine did they explain why you needed it?

Yes

No



18. Were you told how long you would be in the hospital for?

Yes

No

If yes, did you stay for as long as they said?

Yes

No

If no, please tell us how you felt about this.



19. Were you given help to plan what would happen after you left the hospital?

Yes

No

Were you and your family / carers involved in deciding this plan?

Yes

No



20. How did staff treat you?



21. Did you feel safe in hospital?

Yes

No


If no, can you tell us why?



22. When you left the hospital did they give you any information about what you might need to do when you got home?

Yes

No



1. _____

2. _____

3. _____

Did they give you a list of when to take any medicine?

Yes

No



Did they give you a leaflet about how to stay well?

Yes

No

If so, was it in easy read?

Yes

No



23. How did you find your time in the service?

For example:

- What went well?
- What could have been done better?

Do you want to tell us anything else about your stay in the hospital?

Extra space.



Thank you very much for helping us!

What you have said will be very helpful to us and the Hospital.



Please send this form to:



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