



Questionnaire: Tell us what you think!

Wandsworth Crisis & Home Treatment Team would like to know people's views about the service they received. We hope we can use this information to improve our service.

This questionnaire is anonymous and participation is voluntary.

1) How were you referred to the Home Treatment Team (HTT)?

| | |
|--------------------------|------------------------------------------|
| <input type="checkbox"/> | After I had been to A&E |
| <input type="checkbox"/> | After I had seen my GP |
| <input type="checkbox"/> | After I had seen my Care Coordinator |
| <input type="checkbox"/> | After I had been seen in Clinic |
| <input type="checkbox"/> | After I had been on the ward |
| <input type="checkbox"/> | After I contacted the Crisis Line myself |
| <input type="checkbox"/> | I don't know |
| <input type="checkbox"/> | Other (please state) |

2) Do you know your diagnosis?

| | |
|-------------------------------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| If yes – Please can you let us know what it is: | |
| | |

3) Before they made contact, were you aware that the Home Treatment Team were planning to phone or visit you?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

4) Did you get a written care plan at the start of your treatment?

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I cannot remember |

5) Did you receive an information about the HTT at the start of your treatment?

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I cannot remember |

6) During HTT visits was there enough time for you to discuss the things you wanted to discuss?

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | No |

7) How many weeks were you with the Home Treatment Team?

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Up to 1 week |
| <input type="checkbox"/> | Up to 2 week |
| <input type="checkbox"/> | Up to 3 weeks |
| <input type="checkbox"/> | More than 3 weeks |

8) Thinking about how long you stayed with the Home Treatment Team, was it

| | |
|--|--------------------------------|
| | Not long enough |
| | About the right amount of time |
| | Too long |

9) Have your problems improved after Home Treatment Team?

| | |
|--|-------------------------------------|
| | Yes |
| | No |
| | No but I know what to do about them |

10) How hopeful are you that you will be able to do the things you want to do in life?

| | |
|--|---------------------------------------------------|
| | More hopeful than before I started home treatment |
| | About the same as before I started home treatment |
| | Less hopeful than before I started home treatment |

11) What is your overall view of the service from the Home Treatment Team?

| | |
|--|-----------|
| | Excellent |
| | Very Good |
| | Good |
| | Fair |
| | Poor |
| | Very Poor |

12) What do you think was particularly *bad* about the service?

13) What do you think was particularly *good* about the service?

14) What would you *change* about the Home Treatment Team?

15) Any comments about this questionnaire?

Please return this questionnaire to Springfield Hospital.

Either:

1) Put it in an envelope and **hand it** to a member of the Home Treatment Team.

2) Or **post it to Freepost Plus RRHZ - EBSK - LRKX**
Quality assurance Department
SWLSTG NHS Mental Health Trust
Springfield Hospital
61 Glenburnie Road
London
SW17 7DJ