Mental health and substance use services customer feedback survey: Inpatient care

1. Give feedback on your current treatment/rehabilitation period.

Choose the alternative that best applies to you	Fully disagree	Partially disagree	Neither agree nor disagree	Partially agree	Fully agree	Not applicable to me
I got help when I needed it	☐	☐	☐	☐	☐	☐
I felt that the staff cared about me as a whole	☐	☐	☐	☐	☐	☐
The decisions concerning my treatment/matter were made together with me	☐	☐	☐	☐	☐	☐
I felt safe during the care/service	☐	☐	☐	☐	☐	☐
I know how my care/the service will continue	☐	☐	☐	☐	☐	☐
The information I received on the care/service was understandable	☐	☐	☐	☐	☐	☐
I felt that the service I received was useful	☐	☐	☐	☐	☐	☐
I have been treated with respect	☐	☐	☐	☐	☐	☐
The staff have had time to talk with me when I have felt a need for it	☐	☐	☐	☐	☐	☐
I have been able to talk openly about my problems if I wish to	☐	☐	☐	☐	☐	☐
I have been able to see a doctor when I have needed to	☐	☐	☐	☐	☐	☐
I have been informed about my rights as a patient/customer	☐	☐	☐	☐	☐	☐
I have received sufficient information about my medication	☐	☐	☐	☐	☐	☐
I have received sufficient information about my disease or symptoms	☐	☐	☐	☐	☐	☐
I have received sufficient information about what my treatment involves	☐	☐	☐	☐	☐	☐
The cooperation between the parties treating me has been smooth	☐	☐	☐	☐	☐	☐
I have been informed of peer support that can be obtained from people with experience of the same situation	☐	☐	☐	☐	☐	☐
I have been informed about the organisational services suitable for me that can provide support for daily life (e.g. mental health, substance use and addiction associations and services, including day activities and online and telephone support)	☐	☐	☐	☐	☐	☐

Choose the alternative that best applies to you	Fully disagree	Partially disagree	Neither agree nor disagree	Partially agree	Fully agree	Not applicable to me
In my opinion, the rules and practices of the place of treatment are justified	☐	☐	☐	☐	☐	☐
The staff have taken my individual needs into account	☐	☐	☐	☐	☐	☐
I have received support in using my own inner resources	☐	☐	☐	☐	☐	☐
The treatment has given me hope for the future	☐	☐	☐	☐	☐	☐
My family/friends have been included in the treatment process when I have wanted it	☐	☐	☐	☐	☐	☐

2. Has a care/rehabilitation plan been made for you?

☐ Yes   ☐ No   ☐ Don't know

3. The care/rehabilitation plan was made in such a way that

Choose the alternative that best applies to you	Fully disagree	Partially disagree	Neither agree nor disagree	Partially agree	Fully agree	Not applicable to me
My personal goals have been taken into account	☐	☐	☐	☐	☐	☐
The content of the treatment was agreed together with me	☐	☐	☐	☐	☐	☐

4. How likely would you be to recommend the service you received to a family member or a friend who is in the same situation?

I would not recommend it   I would recommend it warmly

☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10

5. What affected your experience the most?

_____

_____

_____

_____

6. Are you in involuntary treatment?
This question is for patients in psychiatric hospital treatment.

☐ Yes   ☐ No

THANK YOU!