



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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the staff cared about me as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The decisions concerning my treatment/matter were made together with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe during the care/service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how my care/the service will continue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information I received on the care/service was understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the service I received was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff have had time to talk with me when I have felt a need for it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been able to talk openly about my problems if I wish to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been able to see a doctor when I have needed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been informed about my rights as a patient/customer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received sufficient information about my medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received sufficient information about my disease or symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received sufficient information about what my treatment involves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cooperation between the parties treating me has been smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been informed of peer support that can be obtained from people with experience of the same situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my opinion, the rules and practices of the place of treatment are justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff have taken my individual needs into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received support in using my own inner resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment has given me hope for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family/friends have been included in the treatment process when I have wanted it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content of the treatment was agreed together with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. What affected your experience the most?

6. How long has your treatment/rehabilitation period in your current place of treatment lasted?

1–7 days 8–30 days 1–6 months over 6 months

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

Yes No

8. Your year of birth

_____ YYYY (e.g. 1983)

9. Gender

Male Female Other I don't want to say

10. Education

Elementary or comprehensive school Vocational school education or matriculation examination
 Upper secondary level education or bachelor's degree Master's degree

THANK YOU!

This questionnaire is free to use. THL shall be mentioned as the original developer of the IPES/OPES questionnaires and full reference given to the original article:

Viertiö S., Therman S., Kuussaari K., Suvisaari J. (2025). Patient-Reported Experience Measures for In- and Outpatients in Mental Health and Substance Use Services: Psychometric Properties and Results From a Nationwide Survey in Finland. *Int J Methods Psychiatr Res* 34(1):e70010.

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