



Respondent #:

MRN #:

St. Joseph's Health Care London

Site: Parkwood Institute Mental Health

Site: Southwest Centre for Forensic Mental Health Care

Unit:

Satisfaction with Inpatient Mental Health Care (Long-Stay)

Consent:

We are doing a survey to learn about the care patients are receiving at this hospital. The survey has questions about all aspects of care such as the food, activities, and the staff. The main purpose of this questionnaire is to help this hospital provide the best care possible.

Patients on longer term units are being asked to complete the survey. The information you provide is confidential. Your name will not appear anywhere on the survey. No one at the hospital will know your individual answers.

You can decide whether or not you want to do the survey. Saying no will not create any problems for you related to your care. You do not need to answer a question if you don't want to.

The interview will take about 20 minutes.

1. Site:

- ☐ Parkwood Institute Mental Health
- ☐ Southwest Centre for Forensic Mental Health Care

2. Units:

- ☐ PM-PSY H3
- ☐ PM-PSY G3
- ☐ PM-GER G2
- ☐ PM-MA G4
- ☐ PM-DDP G5
- ☐ PM-AU H4
- ☐ FMH-AU
- ☐ FMH-TUN
- ☐ FMH-TUS
- ☐ FMH-RR
- ☐ FMH-RU
- ☐ FMH-APT

3. I was wondering if you would be willing to do the survey with me now?

- ☐ Yes
- ☐ No

Thank you. Now I need you to answer 4 questions about this survey to be sure you have understood what you have agreed to.

4. Confirmation that respondent understands consent - Attempt 1

- a. What is the survey about? (Example of correct response: "What I think about the care I received at the hospital" - Did respondent answer correctly?)
- ☐ Yes 1st time
 - ☐ Yes w/ probing
 - ☐ No



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4. **Confirmation that respondent understands consent - Attempt 1**

- b. What can you do if you don't want to answer a question? (Example of correct response: "Not answer" - Did respondent answer correctly?)
- ☐ Yes 1st time
 - ☐ Yes w/ probing
 - ☐ No
- c. Will your care be affected if you do not answer a question or finish the survey? (Example of correct response: "No" - Did respondent answer correctly?)
- ☐ Yes 1st time
 - ☐ Yes w/ probing
 - ☐ No
- d. Who at the hospital will know your answers? (Example of correct response: "No one" - Did respondent answer correctly?)
- ☐ Yes 1st time
 - ☐ Yes w/ probing
 - ☐ No

"Instructions: If the patient has successfully answered the 4 questions: Thank you, let's begin..."

If the patient has not successfully answered these questions: Thank you, perhaps this is not the best time to ask you these questions. If you don't mind I will come back at a better time to try again."

5. **Attempt 1:**

- ☐ Complete Interview
- ☐ Partial Interview
- ☐ Refused
- ☐ Too ill
- ☐ Unresponsive
- ☐ Confused
- ☐ Aggressive
- ☐ Language
- ☐ Could not locate
- ☐ Deceased
- ☐ Discharged
- ☐ Moved units
- ☐ Rehab Bed
- ☐ Already interviewed in past 90 days
- ☐ Other (please specify below)
- ☐ Failed Capacity Screening

6. **Attempt 2:**

- ☐ Complete Interview
- ☐ Partial Interview
- ☐ Refused
- ☐ Too ill
- ☐ Unresponsive
- ☐ Confused
- ☐ Aggressive
- ☐ Language
- ☐ Could not locate
- ☐ Deceased
- ☐ Discharged
- ☐ Moved units
- ☐ Rehab Bed
- ☐ Already interviewed in past 90 days
- ☐ Other (please specify below)
- ☐ Failed Capacity Screening

7. **FINAL OUTCOME:**

- ☐ Complete Interview
- ☐ Partial Interview
- ☐ Refused
- ☐ Too ill
- ☐ Unresponsive
- ☐ Confused
- ☐ Aggressive
- ☐ Language
- ☐ Could not locate
- ☐ Deceased
- ☐ Discharged
- ☐ Moved units
- ☐ Rehab Bed
- ☐ Already interviewed in past 90 days
- ☐ Other (please specify below)
- ☐ Failed Capacity Screening

8. **Completion Date:**

☐ (mm/dd/yy)_____

9. **Language in which interview was conducted?**

- ☐ English
- ☐ French
- ☐ Cantonese
- ☐ Mandarin
- ☐ Italian
- ☐ Portuguese
- ☐ Punjabi
- ☐ Other



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**Interviewer Observations [COMPLETE AT THE
END OF THE INTERVIEW]**

10. Did the resident have any problems that could have affected the interview? (mark all that apply)

- ☐ Speech
- ☐ Hearing
- ☐ Vision
- ☐ Restlessness
- ☐ Fatigue
- ☐ Other

11. On a scale of 1 to 10, how well did the resident understand the survey questions? (1 = low understanding, 5 = moderate understanding, 10 = high understanding)

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

12. Who filled out this survey?

- ☐ Patient
- ☐ Interviewer
- ☐ Other

13. Comments:

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Accessing the service and staff...

14. Are you able to see a psychiatrist as often as you want?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. Are you able to see the other staff as often as you want?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

16. Do you know who to talk to if you have any questions or concerns?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Participating in your treatment...

17. Does your care take into account your needs related to your language, religion, culture or race?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Does not apply

18. Do you feel uncomfortable asking questions about your treatment, for example, medications and counselling?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. Are you given reassurance and support about your ability to recover?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always



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20. When you ask questions, do you get answers that are confusing?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. Are staff helping you to deal with your problems?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

22. Are you involved as much as you want in decisions about your treatment?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Someone else makes my decisions for me

23. Do you understand your treatment plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. Have your legal rights as a patient (e.g. confidentiality, consent for treatment) been explained to you in a way you can understand?

- ☐ Not at all
- ☐ Somewhat
- ☐ For the most part
- ☐ Definitely
- ☐ Rights not explained

25. Do you feel that you can refuse treatment such as medications or counselling?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Someone else makes my decisions for me

26. Are you told about possible medication side effects in a way that you can understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable

On the unit...

27. Do you have enough privacy in this hospital?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. Do you feel unsafe in this hospital?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

29. Is the hospital clean and comfortable?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

30. Are you satisfied with the food?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

31. Are there enough leisure activities for you in this hospital, for example, arts, crafts, movies, music and exercise classes?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

As a result of your hospital stay...

32. Do you feel better prepared to deal with daily problems?

- ☐ Not at all
- ☐ Somewhat
- ☐ For the most part
- ☐ Definitely

33. Do you feel more ready to participate in your work, school, or other usual activities?

- ☐ Not at all
- ☐ Somewhat
- ☐ For the most part
- ☐ Definitely



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34. Are your symptoms bothering you less?

- ☐ Not at all
- ☐ Somewhat
- ☐ For the most part
- ☐ Definitely

35. Overall, are you being helped by your hospital stay?

- ☐ Not at all
- ☐ Somewhat
- ☐ For the most part
- ☐ Definitely

36. Overall, how would you rate the quality of care and services you are receiving?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

Additional Questions...

37. Have you been made to feel welcome during your hospital stay?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

38. Have you been treated with respect during your hospital stay?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

39. If you have a physical disability, for example, hearing loss, vision loss, a lack of physical coordination, or any other physical disability; does the facility accommodate your physical needs?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Do not have a physical disability

40. In your opinion, what meaningful activities were missing that would have been helpful to you?

[Select all that apply]

- ☐ Activities customized to your interests
- ☐ Activities that involved physical exercise
- ☐ Activities that encouraged social interaction
- ☐ Activities that encouraged preparation for return to home and the community
- ☐ Activities that increased your knowledge about recovery strategies
- ☐ Other

41. Have you heard of the Patient Council and what they can do for you during your stay?

- ☐ Yes, I am aware of the Patient Council and what they can do for me
- ☐ Yes, I am aware of the Patient Council but do not know what they can do for me
- ☐ No, I do not know about the Patient Council or what they can do for me

About you...

42. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

43. What is your age?

- ☐ Under 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 years or over

44. How long have you been in the hospital?

- ☐ less than 1 week
- ☐ 1 to 4 weeks
- ☐ 1 to 3 months
- ☐ More than 3 months
- ☐ Don't know

45. Were you admitted voluntarily?

- ☐ Yes
- ☐ No
- ☐ Do not know



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46. What language are you most comfortable speaking?
- ☐ English
 - ☐ French
 - ☐ Other
47. How many years have you lived in Canada?
- ☐ Less than 2 years
 - ☐ 2-4 years
 - ☐ 5-9 years
 - ☐ 10 or more years
 - ☐ Born in Canada
48. The following question will help us to better understand the communities that we serve. Which of the following groups do you consider yourself to be part of (select as many as you wish)?
- ☐ White
 - ☐ Aboriginal (e.g., North American Indian, Métis, Inuit)
 - ☐ Arab/West Asian
 - ☐ Black (e.g., African, Haitian, Jamaican, Somali)
 - ☐ Chinese
 - ☐ Filipino
 - ☐ Latin American
 - ☐ Japanese
 - ☐ Korean
 - ☐ South Asian
 - ☐ Southeast Asian
 - ☐ Other
 - ☐ None
49. What were you told is your diagnosis? (Please mark all that apply)
- ☐ Anxiety Disorder (e.g., Post Traumatic Stress, Obsessive Compulsive)
 - ☐ Cognitive Disorder (e.g., Delirium, Dementia, Alzheimer's Disease)
 - ☐ Mood Disorder (e.g., Depression, Bipolar)
 - ☐ Psychotic Disorder (e.g., Schizophrenia)
 - ☐ Eating Disorder (e.g., Anorexia, Bulimia)
 - ☐ Personality Disorder (e.g., Borderline Personality Disorder)
 - ☐ Substance Related Disorder (e.g., Drug or Alcohol Addiction)
 - ☐ Other
 - ☐ Do not know/Unsure
 - ☐ I do not wish to answer

50. In general, how would you rate your mental health?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

51. Is there anything else you would like to tell us about your hospital stay?

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated.



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