

NOT
FOR
SCANNING
PURPOSES

WORKING AGE MENTAL HEALTH SERVICES

Audit of Ward Rounds

In order to provide a high quality service and to respond to our clients' needs, we would be grateful if you could complete the following questionnaire. Please cross one box for each question and leave comments where applicable.

The information you give will remain strictly confidential. There is no need for you to give us your name or address.

1) How long have you been in hospital?

weeks

2) Have you attended a ward round?

Yes No

 If YES, how many?

3) Has the purpose of ward round been explained to you?

Yes No

4) How do you feel before you go in to a ward round?

5) From the people in the ward round were there (cross all that are appropriate):

People you knew

People you did not know

6) How listened to did you feel at the ward round?

Not at all

To a limited extent

To a satisfactory extent

To a great extent

Completely



7) How consulted and involved did you feel during the ward round?

Not at all To a limited extent To a satisfactory extent To a great extent Completely

8) Did you come away with a clear idea of your plan of care and decisions made?

Yes No

9) How do you feel after a ward round?

10) Generally, how satisfied are you with the way ward rounds are conducted?

Not at all To a limited extent To a satisfactory extent To a great extent Completely

11) Are there any improvements or changes you would like to see made to ward rounds?

Thank you for your time and help in completing this survey, your views are extremely valuable.