



**Saint Mary's Managed Clinical Service**  
**Division of Gynaecology**

**PATIENT INFORMATION LEAFLET**

# COUNSELLING QUESTIONNAIRE

The Department of Reproductive Medicine would be most grateful if you could please spare a few minutes to complete this confidential questionnaire about the counselling service. We value your views and comments and will use the information provided to evaluate the quality of our service and to make any necessary changes and improvements, where indicated. Thank you.

**1. How did you find out about the centre's counselling service?**

<input type="checkbox"/>	Staff member
<input type="checkbox"/>	Personal enquiry
<input type="checkbox"/>	Counselling information leaflets
<input type="checkbox"/>	Website

**2. What prompted you to use this service?**

<input type="checkbox"/>	Your own decision/needs
<input type="checkbox"/>	A staff suggestion
<input type="checkbox"/>	Requirement as part of treatment
<input type="checkbox"/>	Other (please specify)

**3. Have you attended counselling before?**

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, at the centre
<input type="checkbox"/>	Yes, elsewhere*

\*Please specify if GP, Relate or independent counsellor

**4. How did you think a counsellor might help?**

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**5. What was your experience of counselling in the department?**

<input type="checkbox"/>	Very helpful
<input type="checkbox"/>	Helpful
<input type="checkbox"/>	Neither helpful or unhelpful
<input type="checkbox"/>	Unhelpful

**6. Did you gain any of the following from counselling?**

<input type="checkbox"/>	Information
<input type="checkbox"/>	Support
<input type="checkbox"/>	Information and Support

**Was there anything else you gained from counselling?**

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**7. How many counselling sessions did you attend?**

<input type="checkbox"/>	1 session	<input type="checkbox"/>	4 sessions
<input type="checkbox"/>	2 sessions	<input type="checkbox"/>	5 sessions
<input type="checkbox"/>	3 sessions	<input type="checkbox"/>	6+ sessions

**8. Did you prefer to access the counselling service via the following?**

<input type="checkbox"/>	Face to face
<input type="checkbox"/>	Video link
<input type="checkbox"/>	Telephone

**9. Would you use the counselling service again?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**10. Would you recommend the counselling service to others?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**11. How long did you wait for an appointment?**

<input type="checkbox"/>	1 week	<input type="checkbox"/>	3 weeks
<input type="checkbox"/>	2 weeks	<input type="checkbox"/>	4+ weeks

**Was this acceptable to you?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**12. Are you.....?**

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Couple
<input type="checkbox"/>	Aged 20-30
<input type="checkbox"/>	Aged 30-40
<input type="checkbox"/>	Age 40+

**13. Please let us know which counsellor you saw.**

☐

Bev Loftus

☐

Ruth Paterson

**14. Finally, if you have any additional comments or suggestions about how we might improve our service, please tell us in the space below:**

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If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

## CONTACT DETAILS

Thank you for your time and valuable feedback.

Please return the completed questionnaire in the freepost envelope provided.

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