

Information for Patients

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 the treatment
<input type="checkbox"/>	Other (please specify)

3. Have you attended counselling before?

- No
- Yes, at the Centre
- Yes, elsewhere*

*Please specify, if GP, Relate or independent counsellor.

4. How did you think the counsellor might help?

5. What was your experience of counseling in the Department?

- Very helpful
- Helpful
- Neither helpful or unhelpful
- Not helpful

6. Did you gain ANY of the following from Counselling?

- Information
- Support
- Information and support

Was there anything else you gained from counseling?

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 contact
<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 could you let us know which counsellor you saw?

<input type="checkbox"/>	Ann Curley	<input type="checkbox"/>	Bev Loftus	
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Finally, if you have any additional comments or suggestions about how we might improve our service, please tell us in the space provided below:

Thank you for your time and valuable feedback

Please return the completed questionnaire in the freepost envelope provided.

Department of Reproductive Medicine
Old Saint Mary's Hospital
FREEPOST NWW5773A
M13 1BF