

Patient Experience Questionnaire – Post-treatment (PEQ)

Identifier

Date

Please help us improve our service by answering some questions about the service you have received.

We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much. We appreciate your help.

Please tick your answers. Please mark one answer per question.

1. How satisfied are you with the amount of time you had to wait for your first appointment?

- Very dissatisfied Dissatisfied Neutral / not sure Satisfied Very satisfied

2. Were you given the option of more than one form of therapy / treatment from which to choose?

- Yes No

3. How satisfied are you with the type of treatment that you received?

- Very dissatisfied Dissatisfied Neutral / not sure Satisfied Very satisfied

4. Were you offered a choice of worker / therapist?

- Yes No

5. How satisfied are you with the therapist that treated you?

- Very dissatisfied Dissatisfied Neutral / not sure Satisfied Very satisfied

6. Did you receive information from us in relation to other forms of help that may have been available to you?

Yes

No

7. Was there sufficient time to think about what was offered to you before you had to make any important decisions?

Yes

No

8. How involved were you with important decisions about your care / treatment?

Decisions were taken:

Against your wishes

As you wished but without your permission

Without your full involvement, but with your permission

With your full Involvement

9. Did you feel free to change your mind after making a decision about your treatment?

Yes

No

10. How satisfied are you with the overall experience of using this service?

Very dissatisfied

Dissatisfied

Neutral / not sure

Satisfied

Very satisfied

11. Please tell us about anything that you think would improve this service.

Total score (Range from 0 to 24) =