

MDS Patient ID: _____

MDS Referral Number: _____

(To be completed by therapist)



Survey of Consumer Experience of Telephone CBT

The Telephone Cognitive Behavioural Therapy (CBT) service was created as part of the Better Outcomes in Mental Health Care program to allow improved access to psychological services. If you are someone who has received this service, we would appreciate your feedback so that we may continue to improve the program. All information provided in this survey is anonymous and confidential and in no way linked to your medical records. The survey will take about 5 minutes to complete.

1. Date: _____
2. Sex (Tick one response):
 - Male
 - Female
3. Age: _____ years
4. How quickly did you get your first appointment with the therapist? (Tick one response)
 - less than 1 week
 - between 1 and 2 weeks
 - more than 2 weeks but less than 4 weeks
 - more than 4 weeks
5. In total, how many sessions did you have? _____
6. Were all of these sessions delivered by telephone? (Tick one response)
 - Yes (go to Question 7)
 - No (go to Questions 6a)

6a. If No, how many sessions were face-to-face? _____

6b. How many sessions were via videoconferencing? _____
7. Had you seen a therapist prior to receiving Telephone CBT on this occasion? (Tick one response)
 - Yes (go to Questions 7a)
 - No (go to Question 8)

7a. If yes, how did telephone sessions compare with face to face sessions? (Tick one response)
 - telephone sessions were better
 - face-to-face sessions were better
 - there was no difference between telephone and face to face sessions
8. If you had a choice in the future of receiving face-to-face or telephone therapy which would you choose? (Tick one response)
 - Telephone
 - Face to face

Please explain why this is your preference: _____

9. Had any of the following barriers prevented you from seeking psychological care in the past? (Tick as many as applicable)
 - Mobility (difficulty moving)
 - Distance
 - Transport
 - Cost
 - Other, please specify: _____

10. In thinking about your experience with the overall service you received, please rate how you felt about the following aspects by circling the relevant number:

	Very Positive	Positive	Neutral	Negative	Very Negative	N/A
a. the number of sessions	5	4	3	2	1	0
b. the length of sessions	5	4	3	2	1	0
c. the use of the telephone as a mode of service delivery	5	4	3	2	1	0
d. the setting of an agenda for each session (with your input)	5	4	3	2	1	0
e. establishing priorities for each session (with your input)	5	4	3	2	1	0
f. the homework assigned	5	4	3	2	1	0
g. the change in your symptoms	5	4	3	2	1	0
h. the coping strategies and skills you learnt	5	4	3	2	1	0
i. the professional relationship with your therapist	5	4	3	2	1	0
j. the therapist showing genuine care and concern for you	5	4	3	2	1	0
k. a feeling of being supported by the therapist	5	4	3	2	1	0
l. your level of comfort to be open and honest about your feelings	5	4	3	2	1	0
m. the overall experience of the telephone sessions	5	4	3	2	1	0
n. the possibility of receiving the same type of service, by telephone, in the future	5	4	3	2	1	0

11. Rate the level of change that the overall service has made in the following areas by circling the relevant number:

	Decreased a Lot	Decreased a Little	No Change	Increased a Little	Increased a Lot	N/A
a. your ability to understand your feelings, thoughts and behaviour	1	2	3	4	5	0
b. your awareness of your unhelpful beliefs and thoughts	1	2	3	4	5	0
c. your knowledge about the relationship between thoughts, feelings and behaviour	1	2	3	4	5	0
d. your ability to control and manage your thoughts, feelings and behaviour	1	2	3	4	5	0
e. your ability to handle difficult situations	1	2	3	4	5	0

12. What has been the most useful aspect about the Telephone CBT service for you?

13. What has been the least useful aspect about the Telephone CBT service for you?

14. If you have any further comments about your experience, please note these below:

Thank you for completing this survey. Please seal the form in the envelope provided and post.