

AFTER THE CONSULTATION

Please answer these questions by circling which answer best describes your recent consultation with the doctor. Your response will be treated in confidence and will not be seen by the doctor.

1. Did you raise all the health problems you wished to with the doctor?

Yes No

2. What was the main health problem discussed?

.....

Please read each statement and tick the answer that you most agree with. Tick 'Uncertain' if you are not sure or the question does not apply to you.

Thinking about your **main** health problem:

3. The doctor diagnosed my problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
4. The doctor talked with me about my problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
5. The doctor gave me emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
6. The doctor listened to what I think is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
7. I was reassured that nothing is wrong with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
8. The doctor helped me with my emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
9. The doctor gave me advice on medication /medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
10. The doctor explained the nature of my problem, and any side-effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
11. The doctor explained the treatment to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
12. The doctor listened to my views on the treatment I think I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
13. The doctor told me about services I could access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
14. I was offered a choice of treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
15. I participated in decisions about my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree
16. How satisfied were you with the consultation?	Very satisfied	Fairly satisfied	Fairly dissatisfied
			Very dissatisfied

17. Did you feel your opinions were valued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Did you receive a new medicine, or was your existing medication changed in some way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Were you happy with the prescribing decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

20. Did you have enough time to raise all the problems you wanted to discuss today?

Please use the space below to write any further comments you may have.

THANK YOU FOR TAKING PART

Please return your completed questionnaire to the researcher before you leave.