



## **End of Study Feedback**

The OPERA Study team are very interested in receiving feedback about your experiences of OPERA. We would specially like to know how you felt about the study from when the home first entered the study to when the study ended in your home. We would be very pleased if you could take a few minutes to complete this questionnaire and return it to us in the pre-paid envelope provided.

Thank you for your time.

If you have any questions or queries please contact Maryam Zare the OPERA study manager on 024 7615 1130 or email [Maryam.zare@warwick.ac.uk](mailto:Maryam.zare@warwick.ac.uk)

**Warwick**  
**Medical School**  
CLINICAL TRIALS UNIT

 **Barts and The London**  
School of Medicine and Dentistry

Please read each question carefully and indicate how much you agree with the statement by ticking one of the boxes. Some of the questions require a yes or no answer please tick the box that applies. We would also welcome your comments and space has been made available for this. Thank you.

	Totally agree	Agree	disagree	Totally disagree
<b>Recruitment</b>				
The study was fully explained to me by the research nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The research nurse arranged mutually agreeable times to carry out assessments with the residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We were easily able to provide all of the information about the home and residents that was required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping the recruitment nurses identifying eligible residents was not too burdensome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

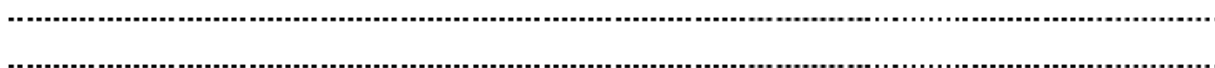
**Raising the Awareness of Depression in Homes**

The feedback information about residents' depression scores (the smiley faces) was very useful?

	Yes*	No
	<input type="checkbox"/>	<input type="checkbox"/>

\* If yes how did you use the information (tick all that apply)

- |  |                          |
|--|--------------------------|
| Monitor resident                           | <input type="checkbox"/> |
| Encourage resident to become more involved | <input type="checkbox"/> |
| Contact GP                                 | <input type="checkbox"/> |
| Contacted community mental health team     | <input type="checkbox"/> |
| Contacted other health professional        | <input type="checkbox"/> |
| Other (please state below)                 | <input type="checkbox"/> |



	Totally agree	Agree	Disagree	Totally disagree
<b>Staff Training</b>				
Staff training sessions were arranged at mutually agreeable times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general staff responded well to the training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



