

BEFORE THE CONSULTATION

A. About you

1. How old are you? _____ years

2. What is your ethnic origin?

- White Black Asian Mixed
 Other (please state) _____

3. What is your legal status?

- Remand Sentenced Convicted unsentenced

4. How long have you been in custody at this prison?

- Less than 1 month 1 to 3 months 3 to 6 months 6 to 12 months
 1 year or more

B. Reasons for consulting the doctor

Thinking only about your next visit to see the doctor, please answer each question.

5. What is the **main** health problem you wish to raise with the doctor?

Please state problem.....
.....

6. Is this a new problem that you have not raised before? Yes No

Here are some statements about the reasons why people go to see their doctor, and about what they want or expect from the doctor. 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.

Sometimes people have more than one health problem to discuss. However, we would like you to think about your **main** problem only.

7. I want the doctor to diagnose what is wrong with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree

8. I want the doctor to talk with me about my problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree

9. I want some tests done to find out what is wrong with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Uncertain	Disagree

10. I would like emotional support from the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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doctor	Agree	Uncertain	Disagree
11. I want the doctor to listen to what I think is wrong	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
12. I want to be reassured that nothing is wrong with me	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
13. I want to be referred to a specialist	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
14. I want to know what services I can access	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
15. I have emotional problems for which I would like help	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
16. I want to be examined for the cause of my condition	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
17. I want a prescription for some medication	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
18. I would like to be taken off some medication I am taking	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
19. I want to change the medication I am taking	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
20. I want advice about medical treatment	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
21. I want advice on medication/ medicines	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
22. I want the doctor to explain the nature of my problem, and any side-effects	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
23. I want the doctor to explain the treatment to me	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
24. I want the doctor to hear my views on the treatment I think I need	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
25. I would rather not have a prescription unless it is really necessary	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
26. I would like the doctor to offer me a choice of treatments	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree
27. I would like to participate in decisions about treatment	<input type="checkbox"/> Agree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Disagree

28. Do you have any other needs not covered by the above (for example you only require a sick note, medical certificate or are attending for a routine check-up)?

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.....

C. Other problems

29. Is there a **second** health problem you wish to raise with the doctor at this visit?

Please state problem.....
.....

30. Is this a new problem that you have not raised before? Yes No

31. Is there a **third** problem you wish to raise with the doctor at this visit?

Please state problem.....
.....

32. Is this a new problem that you have not raised before? Yes No

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 or bring it with you to your appointment with the Doctor.