

Survey of Inpatient Activities and Services Receipt

Ward: _____

Patient ID number: _____

We are interested in finding out what activities patients have been to in the last 7 days. We would also like to find out what staff members patients have seen. Please use a copy of the ward's activity timetable if it would help remind you about activities you have participated in.

Section 1: Group activities on the ward

Please indicate what activities you have taken part in since last _____ by filling out the table below.

Please list the <u>activities</u> you have taken part in:	How many times <u>since last</u> _____	Extra notes (<i>researcher use only</i>)
<i>Activities that take place at the ward</i>		
Community Meeting		

<i><u>Activities that take place at the OT resource centre/gym/swimming pool/community/...</u></i>		

Section 2: Meeting with staff members

Please note any individual meetings you have had with any of the staff members listed below. You do not need to include times where other patients have been involved e.g. in a therapeutic group.

One-on-one time with nurses:

Please indicate if you have spent one-on-one time with a nurse since last _____ by filling out the table below:

	How many times?	On average, for about how long ?
One-on-one time with nurses, other nursing staff or health care assistants		_____minutes

Other professionals:

Please indicate if you have met with the following staff members since last _____ by filling out the table below:

Position	How many times?	On average, for about how long ?
Psychiatrist or consultant		_____minutes
Other doctor		_____minutes
Occupational therapist		_____minutes
Care coordinator (includes telephone conversations)		_____minutes

Please indicate if you have met with any other staff (not nurses) since last _____

e.g. pharmacist, chaplain, psychologist, hairdresser, dentist, physiotherapist, optician, chiropodist, advocate, solicitor

Professional	How many times?	On average, for about how long?	Where did you meet?
		_____minutes	On the ward Off the ward
		_____minutes	On the ward Off the ward

Thank you for taking part in our survey!