

Treatment Perceptions Questionnaire (TPQ)

Next to each statement below, please put a mark (✱) in ink to show whether you "strongly agree"; "agree"; "disagree"; "strongly disagree" or are "unsure" of your opinion.

Your views are confidential and will only be seen by our research staff. When you have filled out the form please seal it in the envelope provided.

Thank you very much for your help.

Section 1: Your treatment

	STRONGLY AGREE	AGREE	UNSURE	DISAGRE E	STRONGLY DISAGREE
<i>During my contact with this treatment . . .</i>					
a. The staff have not always understood the kind of help I want.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<hr/>					
b. I have been well informed about decisions made about my treatment.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<hr/>					
c. The staff and I have had different ideas about what my treatment objectives should be.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<hr/>					
d. There has always been a member of staff available when I have wanted to talk.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<hr/>					
e. The staff have helped to motivate me to sort out my problems.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<hr/>					
f. I have not liked all of the treatment sessions I have attended.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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g. I have not had enough time to sort out my problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<hr/>					
h. I think the staff have been good at their jobs.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<hr/>					
i. I have received the help that I was looking for.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<hr/>					
j. I have not liked some of the treatment rules or regulations.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please now turn over 

Section 2: About yourself

What is your sex? Male Female

How old are you? Age

How long have you been in this treatment programme?

Section 3: This service

Please write down in the box below any comments you would like to give us about the treatment you have received here. We would be very interested if you could tell us about how you think we could improve the service.

Please now place this form in the envelope provided

Thank you very much for your help!