Case Number:	Therapist:

Trent PTS
Psychological Therapies Service

Assessment Patient Experience Questionnaire

Please help us to improve our service by answering some questions about the service you have so far received. We are interested in your honest opinions, whether they are positive or negative.

Please answer all of the questions. We also welcome your comments and suggestions.

Please tick one box for each question.

Choice

	YES	NO	N/A
1. Were you given information about options for choosing a treatment that is appropriate for your problems?	☐	☐	
2. Do you prefer any of the treatments among the options available?	☐	☐	
3. Have you been offered your preference?	☐	☐	☐

Satisfaction

4. How satisfied were you with your assessment?

☐ Completely Satisfied

☐ Mostly Satisfied

☐ Neither Satisfied nor Dissatisfied

☐ Not Satisfied

☐ Not at all Satisfied

Please use this space to tell us about your experience of our service so far