

Service User Feedback for ADHD and Autism Assessments during Covid 19

Which service have you used?

□Autism

What was your assessment for?

- □Diagnostic Assessment
- □ Medication Review
- □Psychological Intervention
 - 1. Were you pleased to receive a telephone / video appointment during the coronavirus restrictions?

☐Yes completely
☐Yes to some extent
☐No
☐Don't know

- 2. Would you have preferred a face to face appointment?
 - □Yes □No □Don't know
- 3. Did the appointment letter explain what would happen during the assessment?
 - ☐Yes, completely
 ☐Yes, to some extent
 ☐No
 ☐Don't know

4. Did you receive support during your appointment?

- Yes, from a family member
 Yes, from my partner
 Yes, from a carer
 Yes, from someone else
 No
- 5. How did we contact you? (tick all that apply)
 □Telephone Consultation
 □Video Consultation
- 6. If you did not have a video call what was the reason?

 \Box Not given the option

 $\Box \operatorname{Did}\nolimits$ not have the appropriate equipment

 $\Box \operatorname{\mathsf{Did}}\nolimits$ not have internet connection

 \Box Other (please provide detail)

To protect the environment and save money this letter is printed on recycled and unbleached paper.

- 7. Were you contacted at the agreed time?
 - □Yes □No □Don't know
- 8. How would you rate the quality of the telephone / video call? Please circle. (1 being poor and 5 being excellent)

1 2 3 4 5

9. How well do you think you were able to communicate over the telephone / video call?
Very well
Well

□ Not very well □ Don't know

- 10. Were you able to find somewhere appropriate to speak to your clinician during your telephone / video call?
 - □Yes □No □Don't know

11. Did you have enough time to answer the questions?

- Yes completely
 Yes to some extent
 No
 Don't know
- 12. Do you think you would have been able to explain yourself better if you had been seen face to face?
 - Yes completely
 Yes to some extent
 No
 Don't know
- 13. Do you feel the clinician completed a detailed initial assessment by telephone / video?
 - □Yes
 - □No

□Don't know

- 14. Do you feel it was explained to you what would happen following your assessment?
 - □Yes □No □Don't know

15. Do you think we should continue to offer telephone / video appointments after coronavirus restrictions are lifted?

□Yes □No

Don't know

16. Would you tell your friends and family that this is a good service?

- □Yes □Maybe □No □Dep't k
- □Don't know

17. What was good about the service?

18. What could have been better?

In order to ensure that we provide the best service for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information. You do not have to answer any of these questions, but we would be very grateful if you would.

What is the first part of your postcode?

How would you describe yourself?

 $\Box A$ service-user

□A carer/ unpaid carer (relative/friend/neighbor etc.)

□ Member of a Voluntary or community group

 $\Box A$ SWYT staff member

□Other please state

How old are you:

What is your ethnicity?

What is your gender?

Are you happy for your comments to be made public? \Box Yes \Box No