

## Survey

### **Experiences with (outpatient) mental health care (GGZ) or addiction care (VZ)**

For people aged 16 and over currently or recently treated by mental health care or  
addiction care

*CQ-index Mental health care and Addiction care*

Version 5.1

This survey was developed further by Significant Public and Alliantie kwaliteit in de  
GGZ (Akwa GGZ), commissioned by and in collaboration with (representatives of) the  
Dutch GGZ, Zorgverzekeraars Nederland and MIND Landelijk Platform Psychische  
Gezondheid.

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The questionnaire is based on previous versions of the *CQ-index Kortdurende ambulante GGZ en VZ*, in  
which Trimbos Instituut, Stichting Miletus, Stichting Benchmark GGZ and relevant stakeholders are  
involved.

## Survey introduction

We would be very grateful if you could answer some questions about your experiences with the care provided by <name care provider>. Your experiences are very valuable to us as we continuously try to maintain or improve the quality of our care.

We will ask 21 questions in total. You can answer these questions by ticking a box.

When answering the questions, please consider the past 12 months of your treatment. There are no right or wrong answers, what matters is your own experience. For questions about your care practitioner, please consider the person with whom you have or had the most contact.

All information will be processed confidentially.

## Voluntary participation

- Completing this questionnaire is voluntary.
- Whether you do or do not participate makes no difference for the treatment and care you receive.

## Terms used

In mental health care and addiction care, different terms may be used to refer to the same thing. For example, one care provider might talk in terms of a care plan, while another care provider refers to it as a treatment plan.

If the text makes reference to a **practitioner**, then you can read this as also referring to care giver, therapist, social worker, psychiatrist, psychiatric nurse, specialist nurse or addiction doctor. If you are being treated by a team of practitioners, then you should consider the person with whom you have most contact.

If the text makes reference to **treatment**, this can also be read as care, help, support or supervision.

If the text makes reference to **complaints**, then this refers to all the (psychological) complaints or problems for which you are receiving our care.

1. Did your practitioner take you seriously?

No, not at all  Yes, completely

2. Did your practitioner explain things clearly to you?

No, not at all  Yes, completely

3. Was it easy for you to get in touch with your practitioner? *(by telephone, email, or otherwise)*

No, not at all  Yes, completely

4. Did someone explain to you what the benefits and possible side effects are of the treatments available for your complaints?

No, not at all  Yes, completely

5. Were you provided with information on how you can cope with your complaints?

No, not at all  Yes, completely

6. Were you provided with information about the result that you may expect the treatment to achieve?

No, not at all  Yes, completely

7. Were you provided with information about client organisations and/or self-help groups?

No, not at all  Yes, completely

8. Were you able to participate in the decision-making process regarding your treatment?

No, not at all  Yes, completely

9. Did you determine the goal of the treatment together with your practitioner?

No, not at all  Yes, completely

10. Was there any consideration for your wishes regarding the treatment?  
(For instance the location, the number of sessions, the time of day, alone or as part of a group, a male or female practitioner)

No, not at all     Yes, completely

11. Were you able to choose whether or not to involve your loved ones in the treatment (for instance family or friends)?

No, not at all     Yes, completely

12. Do you feel that the treatment was the right way to address your complaints?

No, not at all     Yes, completely

13. Are you satisfied with **the result** of your treatment?

No, not at all     Yes, completely

14. If you completed any questionnaires on how you were feeling, were these discussed with you?

*not applicable, I did not complete any questionnaires*

No, not at all     Yes, completely

15. Perhaps your treatment included the prescription of medicine. If so, were the possible (physical) side effects discussed with you?

*not applicable, no medicine was prescribed during the treatment*

No, not at all     Yes, completely

16. What score would you assign to the treatment?

Choose a score from 1 to 10, where '1' means 'a very bad treatment' and '10' means 'an excellent treatment'.

- 1 a very bad treatment
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 an excellent treatment

**ABOUT YOURSELF**

17. For what type of complaints were you treated?  
*(you can choose more than one answer)*
- Depression or depression-related complaints
  - Anxiety disorder or anxiety complaints
  - Bipolar disorder
  - Addiction or problematic substance use
  - Personality disorder
  - Psychotic disorder
  - Eating disorder
  - Other, namely
18. Which complaint did the treatment focus on mainly, in the past year?  
*(choose one answer only)*
- Depression or depression-related complaints
  - Anxiety disorder or anxiety complaints
  - Bipolar disorder
  - Addiction or problematic substance use
  - Personality disorder
  - Psychotic disorder
  - Eating disorder
  - Other, namely
19. Are you male, female, or gender neutral?
- Male
  - Female
  - Gender neutral
20. What is your age?
- 16 to 24 years
  - 25 to 34 years
  - 35 to 44 years
  - 45 to 54 years
  - 55 to 64 years
  - 65 to 74 years
  - 75 to 79 years
  - 80 years and over
21. What is the highest level of education you completed? *(That is, completed with a degree or diploma or positive attestation)*
- No education
  - Primary school
  - Junior or preparatory vocational education (LBO, VBO)
  - Intermediate general education (MAVO)
  - Intermediate vocational education (MBO)
  - Higher general and pre-university education (HAVO, VWO)
  - Higher vocational education (university of applied sciences) (HBO)
  - University education (WO)

Other, namely:

Do you any further tips for us? We would be glad to hear from you! Is there anything else you would like to say about your treatment or our care? Please use the box below for your comments.

**THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE**