Perceptions of Care (POC)
Outpatient Questionnaire

Instructions to Staff: Please fill in the following information completely.

Patient ID: __ __ __ __ __ __ __ __ __ __

Admission / Intake Date: __ __ /__ __/__ __

Level of Care:
- 1☐ Outpatient
- 2☐ Partial/day hospital

UserField1 (_____): __ __ __ __ __ __ __ __ __ __
UserField2 (_____): __ __ __ __ __ __ __ __ __ __
UserField3 (_____): __ __ __ __ __ __ __ __ __ __

Time Point:
- 1☐ Mid-treatment
- 2☐ Discharge termination
- 3☐ Post-treatment follow-up

Program Type (Select One):
- 1☐ General adult
- 2☐ Child/adolescent
- 3☐ Geriatric
- 4☐ Affective/mood disorders
- 5☐ Psychotic disorders
- 6☐ Anxiety disorders/trauma
- 7☐ Substance abuse/chemical dependency
- 8☐ Dual diagnosis
- 9☐ Other (fill in) _____

Instructions to Respondents:
We would like to know your views about the services you have been receiving as an outpatient at this facility. We will use this information to improve our quality of care. Please check the box that corresponds to your answer to each of the following questions. Please answer every question.

		Yes	No
1	When you called to make an appointment, did you get an appointment as soon as you needed it?	☐	☐

		Yes completely	Partially	Not at all
2	Were you referred to a clinician who met your needs?	☐	☐	☐

		Never	Sometimes	Usually	Always
3	When you call or check in for appointments, are you treated with courtesy and respect?	☐	☐	☐	☐

		Less than 10 minutes	10-20 minutes	20-30 minutes	More than 30 minutes
4	How long do you usually wait to be seen beyond your appointment time?	☐	☐	☐	☐

		I have not called my clinician	Less than 4 hours	4 - 24 hours	More than 24 hours
5	When you call your clinician, how long does it usually take for your calls to be returned?	☐	☐	☐	☐

		Never	Sometimes	Usually	Always
6	Does the clinician you see explain things in a way you can understand?	☐	☐	☐	☐
7	Does the clinician you see listen carefully to you?	☐	☐	☐	☐
8	Does the clinician you see treat you with respect and dignity?	☐	☐	☐	☐
9	Does the clinician you see give you reassurance and support?	☐	☐	☐	☐
10	Does your clinician help you learn how to deal with your problems yourself?	☐	☐	☐	☐
11	Are you involved as much as you want to be in decisions about your treatment?	☐	☐	☐	☐

		More than I want	Less than I want	About the right amount	No involvement, which is what I want
12	How much does your clinician involve your family in your treatment?	☐	☐	☐	☐

		Yes	No	I am not taking medication
13	Has your clinician told you what your medicine(s) are for and the possible side effects?	☐	☐	☐

		Yes	No
14	Have you received instructions about what to do if you need help or have a crisis (for example, call your outpatient therapist or psychiatrist, go to a hospital emergency room, etc.)?	☐	☐

		Not at all	Somewhat	Quite a bit	A great deal
15	How much have you been helped by the care you received at the outpatient service?	☐	☐	☐	☐

		Never	Sometimes	Usually	Always
16	Is the space where you see your clinician clean and comfortable?	☐	☐	☐	☐

17 Using any number from 1 to 10, what is your overall rating of the care you received at the outpatient service?

Worst Possible Care										Best Possible Care
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	1	2	3	4	5	6	7	8	9	10

		Yes	Unsure	No
18	Would you recommend the outpatient services at this facility to someone who needed mental health or substance abuse treatment?	☐	☐	☐

		Month / Day / Year
19	Please fill in today's date.	/ /

20. Please identify staff whom you feel deserve special recognition.

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21. Is there anything else you would like to tell us about your care?

YOUR OPINIONS ARE IMPORTANT TO US.
THANK YOU VERY MUCH!

To Be Completed By Hospital Staff (OPTIONAL)

Primary Payer:
1☐ Self pay
2☐ BC/BS
3☐ Medicaid
4☐ Medicare
5☐ Commercial
6☐ Uninsured Primary payer:

Managed Care/HMO:
1☐ Yes
2☐ No
3☐ Unknown Managed Care/HMO:

Diagnosis	
GAF (1 to 100)	
Primary Diagnosis	
Secondary Diagnosis	
Tertiary Diagnosis	
AXIS IIa	
AXIS IIb	

Does patient have a medical condition requiring ongoing treatment?
1☐ Yes
2☐ No
3☐ Unknown

AXIS IV (Select all that apply):
1☐ Problems with primary support group
2☐ Problems related to the social environment
3☐ Educational problems
4☐ Occupational problems
5☐ Housing problems
6☐ Economic problems
7☐ Problems with access to health care services
8☐ Problems related to interaction with the legal system/crime
9☐ Other psychosocial and environmental problems
10☐ Not available