**COVERING SHEET – INSTRUCTIONS**

**THIS COVERING SHEET MUST BE REMOVED BEFORE SENDING EASY READ QUESTIONNAIRE TO SERVICE USER.**

The availability of the Easy Read questionnaire will be signposted on the mailing letters and multi-language sheet, and administered at the request of the service user.

Once requested, the following steps should be taken.

**Administering the request:**

1. Any highlighted yellow text on this **Easy Read booklet** should be personalised. The booklet contains both the Easy Read cover letter and questionnaire.
2. The booklet should be posted to the service user alongside a **return envelope.** You can either use the Freepost address you have set up or include a stamped addressed envelope to a different processing address.
3. Please **log any Easy Read requests as** **ER\_requested** in the fieldwork monitoring spreadsheet.
4. At the time of the service user requesting the Easy Read, if it is likely they will receive a further mailing (e.g. due to mailing deadlines) it is worth making them aware this will happen, but that an Easy Read will also be sent to them.
5. If the service user does not take part in the survey, the code should be left as **ER\_requested** in the separate column (which is excluded from the response rate), and an outcome code 6 added.

**Processing the return:**

1. Manually enter **responses into the excel data entry** spreadsheet for Easy Read questionnaire responses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NHS logo CQC new_logo_CMYK   |  |  | | --- | --- | | **Survey number:** | **[INSERT HERE]** |   Social Work 3 | | |
| **Please tell us about the care you receive from NHS community mental health services**  2023 | | |
| Easy Read Logo | Easy read version of the Community Mental Health Survey 2023 | |
|  | | About this booklet |
| Social Work 3 | | We would like you to answer some questions about the care you receive from community mental health services. |
| Computer 2 | | **You might have seen someone from community mental health services in person, or on a video call or on the telephone.** |
| Improve | | Your answers will help improve community mental health services. |
| Tick Yes | | You can answer each question by putting a tick in the box next to the answer you want. |
| [Support](https://www.photosymbols.com/collections/work/products/peer-support-1b?_pos=67&_sid=211c2477e&_ss=r) | | You can ask somebody to help you read the questions and answer them if you want. |
| Thinking Right Wrong | | But they should **not** tell you which answer to pick, because we want to know what you think. |
| Checklist good | | You do not have to answer all the questions if you do not want to. |
| Confidential | | Your answers are **private**. We will not use your name when we share what we have found out from all the answers we receive. |

|  |  |  |
| --- | --- | --- |
| Social Work 3 | Your care and treatment | |
| Computer 2 | 1. Thinking about the last year, how good were community mental health services at seeing you as often as you needed? | |
| Very good | | Very good |
| Good | | Good |
| OK | | OK |
| Bad | | Bad |
| Very bad | | Very bad |
| Don't know or can't remember | | I do not know or cannot remember |
| Timer People 1 | | 1. Thinking about the last time you saw someone from community mental health services, how good were they at giving you enough time to talk? |
| Very good | | Very good |
| Good | | Good |
| OK | | OK |
| Bad | | Bad |
| Very bad | | Very bad |
| Don't know or can't remember | | I do not know or cannot remember |
| My Plan 4 | | 1. How good were the people you saw at organising your care and services? |
| Very good | | Very good |
| Good | | Good |
| OK | | OK |
| Bad | | Bad |
| Very bad | | Very bad |
| Don't know or can't remember | | I do not know or cannot remember |

|  |  |  |
| --- | --- | --- |
| Agree Plan | | 1. Thinking about the last time you saw someone from community mental health services, how good were they at involving you in decisions about your care and treatment? |
| Very good | | Very good |
| Good | | Good |
| OK | | OK |
| Bad | | Bad |
| Very bad | | Very bad |
| Don't know or can't remember | | I do not know or cannot remember |
| Phone call at homeSpeech bubble2  **HELP!** | | 1. Thinking about the last time you needed help quickly because you were feeling worse. How good were people at community mental health services at helping you when you needed it? |
| Very good | | Very good |
| Good | | Good |
| OK | | OK |
| Bad | | Bad |
| Very bad | | Very bad |
| No thankyou | | I did not need this |
| Don't know or can't remember | | I do not know or cannot remember |
| Health leaflets | 1. How good were the people you saw at supporting you with any physical health problems you might have?   A physical health problem might be an injury, disability, or condition like diabetes or epilepsy. | |
| Very good | | Very good |
| Good | | Good |
| OK | | OK |
| Bad | | Bad |
| Very bad | | Very bad |
| No thankyou | | I did not need this |
| Don't know or can't remember | | I do not know or cannot remember |

|  |  |
| --- | --- |
| Mother Daughter 1 | 1. How good were the people you saw at including your family or someone else close to you in your care as much as you would like? |
| Very good | Very good |
| Good | Good |
| OK | OK |
| Bad | Bad |
| Very bad | Very bad |
| No thankyou | I did not need this |
| Don't know or can't remember | I do not know or cannot remember |
| Any Other Business | General questions |
| Respect | 1. In general, how good were the people you saw at treating you with respect? |
| Very good | Very good |
| Good | Good |
| OK | OK |
| Bad | Bad |
| Very bad | Very bad |
| Don't know or can't remember | I do not know or cannot remember |
| Fred 7 | 1. In general, how good was your experience of community mental health services? |
| Very good | Very good |
| Good | Good |
| OK | OK |
| Bad | Bad |
| Very bad | Very bad |
| Don't know or can't remember | I do not know or cannot remember |
| Me woman | About you |
|  | 1. How would you describe yourself? |
| Gender Male | Male |
| Gender Female | Female |
| Cross No | I do not want to say |
| Form Print Name | Other (please write down how you would describe yourself below) |
|  |  |
| Age | 1. How old are you? Please write your age in years below. |
|  |  |
|  | Anything else |
| Think | 1. Is there anything else you would like to tell us about your experience of using community mental health services? Please write it below.   We will take out any information that could identify you before making your answer public. But the NHS trust and the people (like CQC) you send these answers to will see your full answer. If your answer needs looking into, we may share it with the best person to help. |
|  | |
| Inspectors Outstanding | **Thank you** very much for answering these questions. |
| Website Link | When we have looked at all the answers from everyone, we will write a report about what we found and put it on our website at: www.cqc.org.uk/surveys. |

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| Peer Support | What to do with your answers |
| Cross NoFreepostStamp 1st | Please post your answers back in the FREEPOST envelope provided. No stamp is needed. |
| Postbox | If you do not have your FREEPOST envelope, please send your answers to <INSERT FREEPOST ADDRESS> |