

Dear iMindU patient,

We would like to continue improving the specialised healthcare provided by iMindU wherever we can. Your opinion of our practice and the healthcare provided is important to us and we are eager to hear what you have to say. For this reason, we kindly ask that you complete this survey. You can do this anonymously, but if you would like to be contacted, please include your name and e-mail address.

Thank you very much for completing this survey!

1. What did you think of the response time when you came to receive care at iMindU?

Slow					Fast
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(please tick the box below the number you are choosing)

2. What did you think of the intake interviews?

Unpleasant					Pleasant
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(please tick the box below the number you are choosing)

3. What did you think of your interactions with the staff?

Unfriendly					Friendly
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(please tick the box below the number you are choosing)

4. What do you think about our communication with you?

Unclear					Clear
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(please tick the box below the number you are choosing)

5. What do you think of the results of your treatment programme?

Dissatisfied					Very satisfied
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(please tick the box below the number you are choosing)

6. What did you think of the length of your treatment programme?

Too short	Good	Too long		
1	2	3	4	5

(please tick the box below the number you are choosing)

7. Would you recommend iMindU to others?

Not at all	Definitely			
1	2	3	4	5

(please tick the box below the number you are choosing)

8. Do you have any comments or tips for iMindU?

If you provide your name and e-mail address here, we may contact you for a more detailed explanation (not required).

Please submit this survey in a sealed envelope to the iMindU reception desk or your treatment professional, or send it to:

iMindU
 Rapenburg 34A
 2311 EX LEIDEN