

Annex I Questionnaire when referred to the psychology service

The following questionnaire aims to find out what your expectations are in relation to the psychological care that you will soon receive, in order to establish common and achievable goals with the development of this and to be able to improve the care and service in mental health. Privacy Note: This survey is anonymous. There is an anonymization process for any identifying data that may be specifically asked. The objective of this is to provide better patient care since, knowing her needs, we can adapt to them.

Age: _____ Sex:

Feminine	Male
----------	------

Current job situation:

unemployed	low	Active	collecting a handicap	Studying	Housewife
------------	-----	--------	-----------------------	----------	-----------

Marital status:

Married	Single	Divorced	Widower
---------	--------	----------	---------

Profession: _____

Education level:

no studies	Graduate	Higher education	university studies
------------	----------	------------------	--------------------

Do you have children?:

Yes	Nope
-----	------

Do you take any medication for

Yes	Nope
-----	------

 anxiety, depression or insomnia? If the answer is affirmative, what medication do you take?

Have you ever been to a psychologist? :If

Yes	Nope
-----	------

 the answer is affirmative, indicate whether it was in the private or public sphere.

Have you previously visited a psychiatrist? :If the

Yes	Nope
-----	------

 answer is affirmative, indicate if it has been in this same service.

Whose initiative was it to request an appointment with psychology?

own	GP	relatives	Friends	Others
-----	----	-----------	---------	--------

What do you hope to achieve by going to the psychologist? (Develop the answer)

How do you think the therapist will try to help you? (Develop the answer)

Do you think that having therapy with a psychologist can have negative

Yes	Nope
-----	------

effects? (Describe which)

What frequency of consultations do you expect to have?

How will this change take place, that is, what will it happen during the time that I am in treatment? (Develop the answer)

What will help you the most in therapy? (Develop the answer)

What do you think you should do during treatment? (Develop the answer)

How much responsibility do you think you have to solve your problem or achieve that change?

None	some responsibility	A medium level of responsibility	A high level of responsibility	absolute
------	---------------------	----------------------------------	--------------------------------	----------

Do you

see yourself capable of achieving the desired change? (Answer yes or no and explain why)