Questionnaire about treatment

| 1. Do you think you should have been hospitalized? | | | | | |
|--|------------|---------|---------|---|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| Not at all | | Neutral | | | Very much |
| | | | | | |
| 2. Is your circumstance in the ward appropriate? | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Not at all | | Neutral | | | Very much |
| | | | | | |
| 3. Do current medications suit you? | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Not at all | | | Neutral | | Very much |
| | | | | | |
| 4. How is the relationship between you and your ward staffs? | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Poor | | | Average | | Excellent |
| | | | | | |
| 5. Have you been given sufficient explanation about the treatment? | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| | Not at all | | Neutral | | Very much |
| | | | | | |
| 6. How are you satisfied with the treatment? | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| | Not at all | | Neutral | | Very much |
| | | | | | |

Please feel free to write your comment for the treatment below.