

English Psychiatrist Survey

**Welcome to the English Psychiatrist Survey.
This survey has approximately 50
questions, we anticipate it will take 15-20
minutes to complete.**

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Date of first symptoms:

September	3	2015
October	4	2016
November	5	2017
December	6	2018
January	7	2019
February	8	2020
March	9	2021

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Date of diagnosis of schizophrenia:

September	3	2015
October	4	2016
November	5	2017
December	6	2018
January	7	2019
February	8	2020
March	9	2021

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Date of first antipsychotic treatment administered:

September	3	2015
October	4	2016
November	5	2017
December	6	2018
January	7	2019
February	8	2020
March	9	2021

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Psychiatric comorbidities: Is the patient currently presenting with a psychiatric comorbidity?

Yes

No

Next

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If YES, please precise psychiatric comorbidities (multiple answers). Scroll to view all

Major Depressive Disorder

Generalized Anxiety Disorder

Agoraphobia

Social phobia

Obsessive Compulsive Disorder

Generalized Anxiety Disorder

Panic Disorder

Post-Traumatic Stress

Other

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How many cigarettes does patient smoke per day?

Doesn't smoke

1-5

5-10

10-20

More than 20

Next

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Cancel



Is there any notion of alcohol abuse or dependence (according to ICD-10)?

Yes

No

Next

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Is there any notion of psychotropic substance abuse or dependence (according to ICD-10)?

Yes

No

Next

Skip

Cancel



Non-psychiatric comorbidities: Is the patient currently presenting a non-psychiatric comorbidity?

Yes

No

Next

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Cancel



If YES, please precise non-psychiatric comorbidity (multiple answers). Scroll to view all

Endocrine disorders

Metabolic disorders

Nervous system disorders

Cardio-Vascular disorders

Gastrointestinal and hepatobiliary disorders

Reproductive system and breast disorders

Other

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Clinical Global Impression – Severity scale (CGI-S) At the inclusion, how do you assess the current severity of the patient’s illness? Scroll to view all

Normal, not at all ill

Borderline mentally ill

Mildly ill

Moderately ill

Markedly ill

Severely ill

Among the most extremely ill patients

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This question is two pages:

G12. LACK OF JUDGEMENT AND INSIGHT

Impaired awareness or understanding of one's own psychiatric condition and life situation. This is evidenced by failure to recognise past or present psychiatric illness or symptoms, denial of need for psychiatric hospitalisation or treatment, decisions characterised by poor anticipation or consequences, and unrealistic short-term and long-range planning. Scroll to view all.

Basis for rating – Thought content expressed during the interview.

1. Absent – Definition does not apply
2. Minimal – Questionable pathology; may be at the upper extreme of normal limits
3. Mild – Recognises having a psychiatric disorder but clearly underestimates its seriousness, the implications for treatment, or the importance of taking measures to avoid relapse. Future planning may be poorly conceived
4. Moderate – Patient shows only a vague or shallow recognition of illness. There may be fluctuations in acknowledgment of being ill or little awareness of major symptoms which are present, such as delusions, disorganised thinking, suspiciousness and social withdrawal. The patient may rationalise the need for treatment in terms of its relieving lesser symptoms, such as anxiety, tension and sleep difficulty.

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G12. LACK OF JUDGEMENT AND INSIGHT

4. Moderate – Patient shows only a vague or shallow recognition of illness. There may be fluctuations in acknowledgment of being ill or little awareness of major symptoms which are present, such as delusions, disorganised thinking, suspiciousness and social withdrawal. The patient may rationalise the need for treatment in terms of its relieving lesser symptoms, such as anxiety, tension and sleep difficulty.

5. Moderate Severe – Acknowledges past but not present psychiatric disorder. If challenged, the patient may concede the presence of some unrelated or insignificant symptoms, which tend to be explained away by gross misinterpretation or delusional thinking. The need for psychiatric treatment similarly goes unrecognised.

6. Severe – Patient denies ever having had a psychiatric disorder. He disavows the presence of any psychiatric symptoms in the past or present and, though compliant, denies the need for treatment and hospitalisation.

7. Extreme – Emphatic denial of past and present psychiatric illness. Current hospitalisation and treatment are given a delusional interpretation (e.g. as punishment for misdeeds, as persecution by tormentors, etc), and the patient thus refuse to cooperate with therapists, medicine or other aspects of treatment

Select one:

Next

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How many PP3M administrations did the patient receive?

4

5

6

Next

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Cancel



Date of first administration of PP3M

September	3	2015
October	4	2016
November	5	2017
December	6	2018
January	7	2019
February	8	2020
March	9	2021

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Dose of the first administration of PP3M:

175 mg

263 mg

350 mg

525 mg

Next

Skip

Cancel



Dose of the last administration of PP3M:

175 mg

263 mg

350 mg

525 mg

Next

Skip

Cancel



How long was the patient on PP1M before switching to PP3M

Tap to answer months

Next

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What was the last dose of PP1M before switching to PP3M:

25 mg

50 mg

75 mg

100 mg

150 mg

Next

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**During the past 12 months, in which care facilities have the PP3M injections been administered the most of time to the patient?
(multiple answers)**

Hospital nurse office

Private nurse office

Patient housing

Day hospital

Private psychiatrist office

Other

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What other concomitant psychotropic treatments are currently prescribed in addition to PP3M ? (multiple answers) Scroll to view all

None

Oral antipsychotic

Anxiolytic / hypnotic

Anticholinergic

Antidepressant

Mood stabilizer

Other

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What type of non-pharmacological treatment does the patient receive? Cares does the patient currently follow? Scroll to view all

None

Cognitive-behavioural treatment

Analytically oriented psychotherapy

Mindfulness

Systemic therapy

Psychoeducation therapy

Cognitive remediation

Social abilities training

Mediation (painting, sport, ...)

Relaxation

Electroconvulsive therapy

Neuromodulation (tDCS, rTMS)

Other

Next

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Cancel



Since PP3M initiation, has the patient been hospitalized (full hospitalization) for psychiatric reason?

Yes

No

Next

Skip

Cancel



If yes: number of hospitalizations

Tap to answer

Next

Skip

Cancel



Total number of hospitalization days

Tap to answer days

Next

Skip

Cancel



12 months before PP3M initiation, has the patient been hospitalized (full hospitalization) for psychiatric reason?

Yes

No

Next

Skip

Cancel



If yes: number of hospitalizations

Tap to answer

Next

Skip

Cancel



Total number of hospitalization days

Tap to answer days

Next

Skip

Cancel



How many times have you seen your patient during the last 6 months?

Tap to answer

Next

Skip

Cancel



How many times have you seen the carer of your patient during the last 6 months?

Tap to answer

Next

Skip

Cancel



Has the frequency in which you see your patient changed as a result of switching to PP3M?

We meet more frequently

We meet less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which you see your patient?

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

Next

Skip

Cancel



Has the frequency in which you see the carer of your patient changed as a result of switching to PP3M?

We meet more frequently

We meet less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which you see the carer of your patient?

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

Next

Skip

Cancel



**In your opinion, how often does this patient needs to be seen by his (her) doctor?
(regardless of the injection frequency)**

More than once per month

Monthly

Once every three months

Less than every three months

Next

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**In your opinion, how often does this patient needs to be seen by his (her) nurse?
(regardless of the injection frequency)**

More than once per month

Monthly

Once every three months

Less than every three months

Next

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How much do you talk with your patient about topics other than medication as a result of switching to PP3M?

Talk more

Talk less

Same amount

Next

Skip

Cancel



If “Talk More”:

**Please indicate topics that you were able to discuss more with your patient as a result of switching to PP3M? (multiple answers)
Scroll to view all**

Family relationships

Work

Education

External/ social communication

Hobbies

Healthy life style guidance (e.g. alcohol, smoking, diet, physical exercise)

Non medication therapy (e.g. psychotherapy)

Other topics

Next

Skip

Cancel



How much do you talk about your patient with his/her carer about topics other than medication as a result of switching to PP3M?

Talk more

Talk less

Same amount

Next

Skip

Cancel

< If "Talk More":

Please indicate topics that you were able to discuss more (about the patient) with the patients carer as a result of switching to PP3M? (multiple answers) Scroll to view all

Patients family relationships

Patients work

Patients education

Patients external/ social communication

Patients hobbies

Patients healthy life style guidance (e.g. alcohol, smoking, diet, physical exercise)

Patients non medication therapy (e.g. psychotherapy)

Other topics

Next

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Has the quality of your communication with the patient changed as a result of switching to PP3M?

It has improved

It has not changed

It has worsened

Next

Skip

Cancel



Has the quality of your communication with the patients carer changed as a result of switching to PP3M?

It has improved

It has not changed

It has worsened

Next

Skip

Cancel



To what extent were the nurse, patient and carer involved in the decision to switch from PP1M to PP3M? Patient was:

Highly involved

Involved to some extent

Not involved at all

Next

Skip

Cancel



To what extent were the nurse, patient and carer involved in the decision to switch from PP1M to PP3M? Carer was:

Highly involved

Involved to some extent

Not involved at all

Next

Skip

Cancel



To what extent were the nurse, patient and carer involved in the decision to switch from PP1M to PP3M? Nurse was:

Highly involved

Involved to some extent

Not involved at all

Next

Skip

Cancel



How clear do you think your explanation to the patient was on the switch from PP1M to PP3M?

Very clear

Somewhat clear

Not clear

No explanation given

Next

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Who initiated discussion about switching from PP1M to PP3M?

It was me

The nurse

The patient

The carer

Private service

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Cancel



**What were the main reasons to initiate/switch treatment of this patient to PP3M?
Please check all that apply. Scroll to view all**

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

Patient convenience

Reduce the risk of relapse

Medical staff convenience

Next

Skip

Cancel



What was the MOST important reason to initiate/switch treatment of this patient to PP3M? Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

Patient convenience

Reduce the risk of relapse

Medical staff convenience

Next

Skip

Cancel



If there was more than one reason to initiate/switch treatment of this patient to PP3M, please select the **SECOND MOST** important reason here. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

Patient convenience

Reduce the risk of relapse

Medical staff convenience

Next

Skip

Cancel



If there was more than one reason to initiate/switch treatment of this patient to PP3M, please select the THIRD MOST important reason here. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

Patient convenience

Reduce the risk of relapse

Medical staff convenience

Next

Skip

Cancel



As a result of switching to PP3M was there any change in your patient's activity level (e.g. sports / hobbies, education, work, seeing friends and/or family)?

Activity level increased

No changes

Activity level decreased

Next

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Cancel



If “Activity Level Increased”:

Please indicate in what way patient’s activity was increased as a result of switching to PP3M? (multiple answers)

He/she started new sporting activities / hobbies

He/she returned to previous sporting activities / hobbies

Started working again

Changed job

Spends more time in social situations

Next

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Cancel



As a result of switching to PP3M have you noticed any change in the frequency of your patient's communications with his/her family, friends and/or other people?

He/she sees and meets his/her friends/ family members/ other people more often

He/she sees and meets his/her friends/ family members/ other people with the same frequency

He/she sees and meets his/her friends/ family members/ other people less often

Next

Skip

Cancel



How stigmatized do you feel your patient is?

Not at all

A little

Somewhat

Very much

Next

Skip

Cancel



To what extent do you think that PP3M impacts on your patients feeling of being stigmatized?

No impact

Increases stigma

Decreases stigma

Next

Skip

Cancel



What is your estimate on the total hours per week the carer spends with supporting the patient?

(Directly with the patient and managing any additional related tasks)?

Less than 2 hours/week

2-8 hours/week

8-16 hours/week

16-24 hours/week

24-32 hours/week

More than 32 hours/week

Next

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Cancel



Do you feel that the time required for support from the carer is less or more than before switching to PP3M?

Less

More

The same

Next

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Cancel



As a result of switching to PP3M have you noticed/ felt any change in the amount of support needed for your patient from their carer?

I feel the patient needs less support from his/her carer to take care of himself/herself

I feel the patient needs the same amount of support from his/her carer to take care of himself/herself

I feel the patient needs more support from his/her carer to take care of himself/herself

Next

Skip

Cancel



To what extent do you feel the PP3M treatment is helping your patient?

Helps

Neither helps nor worsens

Worsens

Next

Skip

Cancel



On the next screen, please review all of your answers. If there are any unanswered questions, please confirm that you intended not to answer those questions.

Next

Cancel

Please review your answers. Pressing "Next" will submit your answers

You can jump directly to update question by clicking on it in the list below

Thank you for completing the form.



Done

Cancel