

The BRIDGE study Simulated Client Post-session Questionnaire

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Provider ID: \_\_\_\_\_ Simulator/Client ID: \_\_\_\_\_

1.	<b>On a scale of 1 to 6, where one is “NOT AT ALL EFFECTIVE” use of behavior and six is “VERY EFFECTIVE” use of behavior, please rate the provider on the following. Remember to use the whole range of the scale for ratings.</b>									
		Not at all Effective				Very Effective				
	a. Eye contact	1	2	3	4	5	6			
	b. Head nods	1	2	3	4	5	6			
	c. Facial expressions to facilitate communication	1	2	3	4	5	6			
	d. Smiles	1	2	3	4	5	6			
	e. Seating position (distance and orientation of desk and chair relative to the client)	1	2	3	4	5	6			
	f. Body Lean	1	2	3	4	5	6			
	g. Use of touch	1	2	3	4	5	6			
	h. Responds to emotional cues (non-verbal)	1	2	3	4	5	6			
	i. Responds to emotional cues (verbal)	1	2	3	4	5	6			
	j. Long pauses and silence (listens more/talks less)	1	2	3	4	5	6			
2.	What degree of confidence would you say you have in this provider? (circle one)	None	Slight	Somewhat	Moderate	Very Much				
3.	Would you come back to see this provider again?	Not at all	Reluctantly	Maybe	Definitely					
4.	Would you recommend this provider to a friend?	Not at all	Reluctantly	Maybe	Definitely					
5.	Please rate the provider on each of the following scales.									
	Aloof	1	2	3	4	5	6	Friendly		
	Hurried	1	2	3	4	5	6	Unhurried		
	Anxious	1	2	3	4	5	6	Calm		
	Dominant	1	2	3	4	5	6	Submissive		
	Cold	1	2	3	4	5	6	Warm		
	Bored	1	2	3	4	5	6	Interested		
	Unpleasant	1	2	3	4	5	6	Pleasant		
	Distant	1	2	3	4	5	6	Compassionate		
	Insensitive	1	2	3	4	5	6	Sensitive		
	Uncaring	1	2	3	4	5	6	Caring		
	Strained	1	2	3	4	5	6	Comfortable		
	Discourages client involvement in decision-making	1	2	3	4	5	6	Encourages client involvement in decision-making		
	Wants what is best for the doctor	1	2	3	4	5	6	Wants what is best for the client		
	Discourages client questions	1	2	3	4	5	6	Encourages client questions		
	Ignores emotions	1	2	3	4	5	6	Acknowledges emotions		

**The following statements summarize things people sometimes say about primary care providers and medical care. There are no right or wrong answers; we just want your opinion. Based on your visit today, please circle the answer which best reflects your feelings. Your answers will not be shown to the doctor or his/her staff and they will in no way affect your care.**

6.	Overall, I was satisfied with this visit.	Strongly disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly agree 5	
7.	This primary care provider seemed to be in a hurry.	1	2	3	4	5	
8.	This primary care provider seems to care about me as a person.	1	2	3	4	5	
9.	This primary care provider has a great deal of respect for me.	1	2	3	4	5	
10.	This primary care provider was friendly and warm.	1	2	3	4	5	
11.	This primary care provider asked me whether I agree with his/her decisions.	1	2	3	4	5	
12.	This primary care provider asked me what I believe is causing my medical symptoms.	1	2	3	4	5	
13.	This primary care provider encouraged me to talk about personal concerns related to my medical symptoms.	1	2	3	4	5	
14.	During your visit, did the provider ask you...			Yes	No	Can't rem'ber	N/A
	a. How long you have felt sad or depressed?			1	2	3	9
	b. About your use of alcohol in the last month?			1	2	3	9
	c. Whether you had be treated for depression?			1	2	3	9
	d. Whether you had thoughts of hurting yourself?			1	2	3	9
	e. Whether you had felt so high or excited or manic that you got into trouble?			1	2	3	9
15.	If this provider prescribed/ suggested medication, were you given a simple explanation of how the medicine works?			Yes 1	No 2	Can't rem'ber 3	N/A 9
16.	Were you told how long it would take before the medicine would start to have a noticeable effect?			Yes 1	No 2	Can't rem'ber 3	N/A 9
17.	How long were you told it would take?	Less than one week 1	One week 2	More than one week 3	More than one month 4	Can't rem'ber 3	N/A 9
18.	Which of the following instructions were you given about taking the medicine?			Yes	No	Can't rem'ber	N/A

	a. Keep taking it even if you start to feel better.	1	2	3	9
	b. Don't stop taking it without checking with the office.	1	2	3	9
	c. Take it on a daily basis without interruption.	1	2	3	9
19.	Did your primary care provider discuss side effects that are common when taking the medicine?	Yes	No	Cannot remember	
		1	2	3	
20.	Were you told what to do if you had questions about the use of medicine after leaving the office?	Yes	No	Cannot remember	
		1	2	3	
21.	Did this primary care provider discuss any of the following with you?	Yes	No	Cannot remember	
	a. Identifying things you were already doing that helped you feel better?			3	
		1	2	3	
	b. Planning pleasurable activities?	1	2	3	
	c. Planning activities that boost confidence?	1	2	3	
	d. Ways of solving some problems you're having in life, such as problems with your job or relationships?	1	2	3	
	e. Seeking counseling or other professional help?	1	2	3	
	f. Identifying and changing thoughts that get you down?	1	2	3	
22.	What role do you think this primary care provider wants <b>you</b> to play?				
	a. The primary care provider takes the initiative and decides what is best for me.				1
	b. The primary care provider considers some of your ideas, but still makes most if not all of the final decisions.				2
	c. The primary care provider and you make the final decisions together.				3
	d. You make all of the final decisions.				4