

Communicating with your Therapist (CAM-C2)

The purpose of our research study is to better understand the different ways that therapists communicate with their clients in therapy. In answering the questions, the researchers want you to think only about the occupational therapist who gave you this survey. We do not want you to think about any other therapists or providers. We will be summarizing your answers for research purposes only.

All of your answers will be kept strictly confidential. PLEASE DO NOT PUT YOUR NAME ON THIS QUESTIONNAIRE. Your occupational therapist will NOT EVER see your answers. Your therapist's boss or supervisor will NOT see your answers. Your answers will NOT affect your care here. Please answer as truthfully as you can.

Section I. Your Therapist's Ability to Communicate

By circling a number, please rate the extent to which your therapist has done the following thus far. For example: "My therapist arrived on time."

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

1) My therapist helped me get access to resources or people in the community in which I live.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

2) My therapist listened to me with true interest.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

3) My therapist explained what was happening or told me what would happen next.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

4) My therapist helped me to think about a problem or activity in a different way.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

5) My therapist pointed out what I was good at doing.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

6) My therapist allowed me to choose what would happen next.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

7) My therapist asked questions that made me feel comfortable talking.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

8) My therapist told me how to improve my performance or behavior.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

9) We talked about legal rights for people with disabilities.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

10) My therapist made sure that I worked on what mattered most to me.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

11) My therapist made me feel confident about what I was doing.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

12) My therapist explained different choices when guiding me to make a decision.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

13) My therapist tried to understand my thoughts and feelings, no matter what they were.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

14) My therapist improved or changed something when I pointed out that it was not helpful.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

15) My therapist provided me with clear directions.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

16) My therapist's positive attitude showed me that he or she believed I was ready to do something I thought I could not do.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

17) My therapist helped me think about a problem in a clear-headed, non-emotional way.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

18) My therapist said things that helped me to feel normal and like other people.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

19) My therapist said things that made me feel that we were working together as a team.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

20) My therapist shared something about his/her personal experience so that I did not feel alone.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

21) My therapist said things that made me feel hopeful.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

22) My therapist showed a sense of conviction when making a recommendation.

1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

23) My therapist gave me control over what I accomplished.
1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

24) My therapist made me aware of people and resources in the community that were not a part of the hospital or clinic.
1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

25) My therapist gave me a compliment or other kind of reward for something I did.
1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

26) My therapist helped me consider many different ways of doing things.
1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

27) My therapist taught me something.
1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

28) My therapist helped me contact people who had a similar experience or disability.
1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

29) My therapist tried hard to understand my needs by listening and asking as many questions as necessary.
1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

30) My therapist helped me look at a problem by breaking it down into smaller parts.
1 2 3 4 5
Never Rarely Occasionally Frequently Very Frequently

Section II. Satisfaction

31) Overall, how satisfied are you with the occupational therapy services you received from your therapist?
1 2 3 4 5
Not at all satisfied Slightly satisfied Somewhat satisfied Very satisfied Extremely satisfied

- 32) If there was ONE thing you wished your therapist would have done differently, what would it have been? (Please choose only your top priority)**
- ___ been more directive or firm
 - ___ given me more control
 - ___ introduced me to other people with disabilities like mine and/or connected me with resources in my community
 - ___ asked more questions and listened more to try to understand what I needed
 - ___ been more positive or reinforcing, instilled hope more
 - ___ outlined options, analyzed potential consequences of choices, and asked logical questions
 - ___ none of the above, I am satisfied with what my therapist did

Section III: About You

- 33) Your age: _____
- 34) Your sex:
 - i. Male ____
 - ii. Female ____
- 35) Your occupational roles: (please check all that apply)
 - i. Employed full time ____
 - ii. Employed part time ____
 - iii. Receiving Disability Pension ____
 - iv. Retired ____
 - v. Student ____
 - vi. Other ____ (please describe: _____)
- 36) Your marital status:
 - vii. Single, Never Married ____
 - viii. Married ____
 - ix. Separated ____
 - x. Divorced ____
 - xi. Widowed ____
- 37) Your living situation: (please check all that apply)
 - xii. Living alone ____
 - xiii. Living with partner or spouse ____
 - xiv. Living with other family member ____
 - xv. Other (please describe: _____)
- 38) Highest educational degree earned:
 - xvi. Less than high school ____
 - xvii. High School Diploma or Equivalent ____
 - xviii. Associate's or Technical Degree ____
 - xix. Bachelor's Degree ____
 - xx. Post-Graduate Degree (Doctorate, Law, Etc.) ____
- 39) Reason you are receiving therapy here (your diagnosis): _____
- 40) How long have you been working with (name of therapist _____):
 - xxi. This is the first time I have met the therapist ____
 - xxii. Less than five sessions ____
 - xxiii. 5 – 10 sessions ____
 - xxiv. More than 10 sessions ____
 - xxv. More than 20 sessions ____

Thank you for responding to these questions. Is there anything else I have left out that you feel is important for me to know or something you would like to share?
