

## Eating Disorders – Tell us your views

We are interested in finding out your views and experiences of eating disorder services in Dorset, and to identify any gaps in services. This questionnaire asks about your experiences, what works well, what needs improving and any changes you would like to see.

Please complete the questionnaire below, the consultation period will run from the **1<sup>st</sup> December 2011 to 1<sup>st</sup> March 2012**, your *views* really will help shape future services.

This questionnaire can be completed online at [www.dorsetmentalhealthforum.org.uk/feedback](http://www.dorsetmentalhealthforum.org.uk/feedback)

Completed paper questionnaires should be returned by post to:

**Eating Disorders Consultation  
Dorset Mental Health Forum  
29-29A Durngate Street  
Dorchester  
Dorset  
DT1 1JP**

1. Are you (please tick **all** that apply)?

A person with lived experience (sufferer)

A carer and/or supporter

A parent

A friend or relative

A Healthcare Professional

Other (please specify) \_\_\_\_\_

2. Have you or the person you know ever accessed an eating disorder service?

Yes  No  If **No** – Go to question 8.

3. Which service or services did you or the person you know use (please tick **all** that apply)?

In patient unit

Day treatment services

Children & Adolescents Mental Health Services (CAMHS)

Community Mental Health Teams (CMHT)

Charity & Voluntary Organisations

Private sector provider

Other (please specify) \_\_\_\_\_

4. What was helpful about the services you or the person you know accessed?

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5. What was unhelpful or problematic about the services you or the person you know accessed?

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6. How far do/did you or the person you know have to travel to access eating disorder services?

- 0-10  11-20  21-30  31-40  41-50  51-60  Further than 60 miles

7. What were the reasons for the travel? Please tell us your views about this.

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8. Ideally, what do you consider to be the important factors from a service in sustaining long term recovery (from crisis point through all stages to full wellness)?

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9. Is there anything else you want to tell us about eating disorder services or other support you, or the person you know, receive or would like to receive? Please provide as much detail as possible - including your views on any gaps in services.

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10. About you:

Which gender are you?

Male  Female  Prefer not to answer

What age are you?

Under 18  18-25  26-30  31-40  41-50  51-60  61-70  71 plus   
Prefer not to answer

How would you describe your ethnic origin?

**White**

British  
 Irish  
 Any other White background

**Asian or Asian British**

Bangladeshi  
 Indian  
 Pakistani  
 Any other Asian background

**Black or Black British**

African  
 Caribbean  
 Any other Black Background

**Mixed**

White & Asian  
 White & Black African  
 White & Black Caribbean  
 Any other mixed background

**Other Ethnic Group**

Chinese  
 Any other ethnic group

Please State: \_\_\_\_\_

I do not wish to disclose my ethnic origin.

Please enter the beginning of your postcode (this enables us to make sure we have got a good geographic spread of respondents).

We are looking to establish a network of people who access eating disorder services, and/or have experience of an eating disorder. If you would like be part of this and be contacted with further information, please provide your contact details below.

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Preferred method of contact:

E-mail  Posted mail  Phone contact