

Name of Health Professional you saw today?

Today's Date?

The following questions are relating to your **current health problem** that you visited the **health professional** for **today**.

	Yes	Most of the time	Maybe	Not this time	No
Q.1 Could you speak freely about your problem					
Q.2 Do you have a good relationship with this health professional					
Q.3 Did you participate in finding a solution for your problem					
Q.4 Did this visit have a significant impact on you that could influence your thoughts, actions, or behaviours in the future					
Q.5 Were you satisfied with today's consultation					
Q.6 Did the health professional understand the effect of your current problem on your life					
Q.7 Did this consultation work towards or alleviate your health problem					
Q.8 Did you value the consultation					
Q.9 Are you hopeful of getting your health problem under control					
Q.10 Would you recommend this health professional to others					
Q.11 Do you feel optimistic regarding your health problem					
Q.12 Did you agree with the suggested management for your health problem					
Q.13 Will you continue the treatment discussed today					
Q.14 Are you willing to work together with this health professional to help your health problem					
Q.15 Do you have an overall positive outlook					

Thank you for participating.

CCSR₁₅

Scoring:

Score the responses with the following

	Yes	Most of the time	Maybe	Not this time	No
<i>Score</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>0</i>
Q.1					
Q.2					
Q.3					
Q.4					
Q.5					
Q.6					
Q.7					
Q.8					
Q.9					
Q.10					
Q.11					
Q.12					
Q.13					
Q.14					
Q.15					
Total		Total/6 = Rating out of 10			

Clinical outcome rating:

Score 0-7.5 = poor

Score 7.5 – 8.5 = average

Score 8.6 – 10 = good/optimal