

Date:

Name:

Personal identification number:

1a) Do you feel that the goal of BA was achieved?

Circle your answer on a scale from 1–10, where 1 = not at all and 10 = completely agree.

1 2 3 4 5 6 7 8 9 10

Do you have any suggestions for improvement?

2) For how many inpatient days did you use BA?

1 day 2 days 3 days

3) Did you carry out the activities that were planned in the agreement?

Yes No

If you answered no, what was the reason? Please also state if you missed any activities.

4) What do you feel helped you the most in improving your mental health during BA?

5) How did you find managing your own medication on the ward?

6) What did you think of the BA room on the ward?

7) Did you have conversations with the staff on the ward?

Yes No

How did you experience this?

8) Are you satisfied with the staff's approach and treatment in connection with BA?

Circle your answer on a scale from 1–10, where 1 = not at all and 10 = completely agree.

1 2 3 4 5 6 7 8 9 10

What worked well in the staff's approach and treatment, and what could have been improved?

9) Do you feel better today than when you were admitted for BA?

Yes No

What influenced your answer?

10) Overall, are you satisfied with the BA admission?

Circle your answer on a scale from 1–10, where 1 = not at all and 10 = completely agree.

1 2 3 4 5 6 7 8 9 10

Thank you for your responses.