

## Vragenlijst huisartsondersteuner Jeugd

In deze vragenlijst word je gevraagd je mening te geven over je behandeling of begeleiding door de huisartsondersteuner jeugd.

1. 1. Ik ben...

☐ kind

☐ ouder / verzorger

2. 2. Met welk doel kwam je bij de huisartsondersteuner?

3. 3. In hoeverre vind je dat dat doel bereikt is?

|                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                    |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
|                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                                    |
| helemaal<br>niet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | er is meer bereikt dan<br>het doel |

**Hoeveel moeite deed de huisartsondersteuner om...**

4. 4. ...jouw situatie te begrijpen?

|                         |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                         | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                          |
| helemaal geen<br>moeite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | alle mogelijke<br>moeite |

5. 5. ...te luisteren naar wat jij vertelde over jouw situatie?

|                         |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                         | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                          |
| helemaal geen<br>moeite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | alle mogelijke<br>moeite |

6. 6. ...jou te betrekken bij het maken van keuzes? **(bijvoorbeeld: in het bepalen van vervolgstappen of in het kiezen van de aanpak)**

|                         |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                         | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                          |
| helemaal geen<br>moeite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | alle mogelijke<br>moeite |

7. 7. Heb je voldoende informatie gekregen over wat je kon (kan) verwachten als resultaat van je behandeling of begeleiding?

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                              |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
|                             | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                              |
| helemaal geen<br>informatie | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | alle mogelijke<br>informatie |

8. 8. Hoe nuttig was de hulp van de huisartsondersteuner voor jou?

|                                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                 |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------|
|                                                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                                                 |
| volkomen<br>nutteloos, ik<br>had er niets<br>aan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | uitstekend, ik<br>heb er heel veel<br>aan gehad |

9. 9. Welk rapportcijfer zou je geven aan de totale behandeling of begeleiding?

|                                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                 |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------|
|                                                  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                                                 |
| volkomen<br>nutteloos, ik<br>had er niets<br>aan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | uitstekend, ik<br>heb er heel veel<br>aan gehad |

10. 10. Wat kan de huisartsondersteuner volgens jou verbeteren om dit rapportcijfer te verhogen?

11. 11. In welke mate zou je vrienden of familie aanraden hulp te zoeken bij deze huisartsondersteuner?

|            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |           |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
|            | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |           |
| zeker niet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | zeker wel |