

The Forensic Restrictiveness Questionnaire (FRQ)

Instructions for use:

This questionnaire asks how you experience the restrictiveness of your care. We want to know how you feel about each of the statements included below.

Please read the following statements and mark 'Strongly Disagree', 'Disagree', 'Not Sure', 'Agree' or 'Strongly Agree'.

Please think about how you have felt over the last week when completing this.

If you have any questions, please ask a member of staff.

Information about you:

(To be filled by yourself or member of staff)

Date: _____

Study ID: _____

Age: _____

Ethnicity: _____

Gender: _____

Diagnosis: _____

Mental Health Act Section(s): _____

How long have you been in this Secure Hospital: _____

How long have you been other Secure Hospitals: _____

Index Offence(s) (if applicable): _____

Question	Strongly Disagree	Disagree a Little	Not Sure	Agree a Little	Strongly Agree
	1	2	3	4	5
1. I am treated like a human being here	1	2	3	4	5
2. I can express my feelings here enough	1	2	3	4	5
3. The hospital helps me practice hobbies I like	1	2	3	4	5
4. I feel included in my care plan enough (CPA and Ward Rounds)	1	2	3	4	5
5. I am given enough information about my care	1	2	3	4	5
6. Staff respect me as an individual	1	2	3	4	5
7. I am given enough responsibility on the ward	1	2	3	4	5
8. I am trusted by staff enough	1	2	3	4	5
9. I can choose what I want to do each day	1	2	3	4	5
10. It is fair I am here right now	1	2	3	4	5
11. I can participate in activities I find meaningful	1	2	3	4	5
12. My rights are respected properly here	1	2	3	4	5
13. I am forced to do things I don't want to do	1	2	3	4	5
14. The rules on the ward are fair	1	2	3	4	5
15. The restrictions on the ward make sense	1	2	3	4	5