

▪ Suggested Changes to the Tool

The quotes supporting these themes have been recorded verbatim.

Comfort Using the Tool

- *“I’d had time to build rapport with the patients....I had sort of addressed their needs” (H)*
- *“we’re already doing the history and the genograms, it’s too much, so perhaps in the 2nd or 3rd ...you’ve got that trusting relationship, then you do it” (C)*
- *“But I guess it also depends on your rapport, the more rapport you have with the patient, the more they will appreciate it. The less the rapport, the more strange it will be...it’s like inappropriate to get to this level of discussion with a patient you don’t have a rapport with...if I had been treating the patient before then it seemed the normal thing to do but if it was a patient I hadn’t seen before, then it, you can’t start with this” (T)*
- *“at the first assessment would be uncomfortable and intrusive....build a relationship first”.(P)*
- *“a few questions I would rather use in a follow up consultation with a spiritual worker and not a doctor at first consultation, for example, F(iii)” (P7)*
- *“it would be a good thing that would be in one’s 2nd consultation with a patient or at the end of the consultation” (T)*

Appropriateness of the Tool

- *“the first question, faith, belief or meaning... that was fine. Patients are quite, in our setting disempowered, so they’re quite taken aback if you ask them for the last question; A...they are really confused by the last one” (T)*
- *“The ‘I’ question was quite difficult for them, that I think got the most blank looks” (T)*

