

## University of Texas at Arlington College of Nursing and Health Innovation STANDARDIZED PATIENT QUESTIONNAIRE

The information provided here is confidential and will only be used for employment purposes and for selecting the most appropriate person for the Standardized Patient (SP) role within the context of the courses and simulation activities. Please fill out all the questions below:

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN # \_\_\_\_\_

Student and/or employee of UT Arlington:  No  Yes If yes: ID # \_\_\_\_\_

Student: Major \_\_\_\_\_  Employee: Dept. \_\_\_\_\_

Student Worker: Dept. \_\_\_\_\_

Student: Work Study Dept. \_\_\_\_\_

How did you hear about the SP Program and why do you wish to participate in it? \_\_\_\_\_

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Due to the wide variety of roles that the SPs are asked to portray, it helps to have additional information regarding your personal traits or skills and exactly what you would be comfortable doing in a SP role. Please answer all these questions as honestly as you can.

1. Do you speak any other language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify:
2. Would you be willing to learn about illness experiences that others have had (cases studies) to use in interviewing with students?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
3. Would you be willing to have a physical examination done by a student (with privacy provided)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
4. Would you be willing to discuss your own health history, problems or concerns with students?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
7. Would you be comfortable giving written or verbal feedback, either positive or negative, to students about their performance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
8. Would you be able to act like someone who wants to die or is thinking of suicide; or act as someone with a mental illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:

9. Would you be able to act as someone who was sexually or physically abused, beaten or raped?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
10. Would you be comfortable in a role play situation that was emotionally charged, such as those dealing with terminal illness, death, or loss issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
11. Would you be willing and able to communicate questions or concerns about a student, a scenario or a problem with the assigned UTA faculty member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
12. If/when need be, would you be willing to work as a volunteer and not be paid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
13. Can you perform the functions (physical, mental) of this position independently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
14. Do you use any hearing aid, glasses etc. or have any implants (tubes, pacemaker etc.)? (Important for faculty to know if participating in physical assessment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify:
15. Are you able to work early mornings, evenings, and weekends? Please specify your availability.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:

Please list the qualifications you have or any experiences you have had with role playing, theatre arts, teaching experience, communication skills training, or any medical or social services background:

Please write a brief paragraph describing your personality type and what qualities you possess that would make you a good SP:

Optional information: What illnesses, surgeries or hospitalizations have you personally experienced and how do you think that will affect your ability to play the role of a patient or family member in a medical situation?