|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Questions for participants at the end of a rehabilitation program**  It is important for us to know what you think of your rehabilitation period with us.  We would therefore like to ask you some questions and are grateful for your answers.  With the help of yours and others' responses, we can improve the rehabilitation service.  Namn:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personnummer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **How satisfied are you with …** | | | **Very satisfied** | **Satisfied** | **Not satisfied** | **Very unsatisfied** | **Don’t know** |  | |  |
| 1 | | what was included in your rehabilitation with us? | □ | □ | □ | □ | □ |  | |  |
| 2 | | your influence over your rehabilitation (including your individual rehabilitation plan)? | □ | □ | □ | □ | □ |  | |  |
| 3 | | the way the information about your illness/injury was provided? | □ | □ | □ | □ | □ |  | |  |
|  | |  | |  |
| 4 | | the way the staff treated your relatives during your rehabilitation? □ Not applicable | □ | □ | □ | □ | □ |  | |  |
| 5 | | the information your relatives received during your rehabilitation? □ Not applicable | □ | □ | □ | □ | □ |  | |  |

|  |  |
| --- | --- |
| **Any other comments would be appreciated and contribute to the development of our service** |  |

**We want to improve our services and would therefore appreciate suggestions for improvements. What do you think is most important for us to improve?**