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| **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 | the attitude of the staff? | □ | □ | □ | □ | □ |  |  |
| 2 | the way you and the staff have worked together? | □ | □ | □ | □ | □ |  |  |
| 3 | what was included in your rehabilitation with us? | □ | □ | □ | □ | □ |  |  |
| 4 | your influence over your rehabilitation (including your individual rehabilitation plan)? | □ | □ | □ | □ | □ |  |  |
| 5 | the way the information about your illness/injury was provided? | □ | □ | □ | □ | □ |  |  |
|  |  |  |  |
| 6 | information about who you can contact if you need support after this period of rehabilitation? | □ | □ | □ | □ | □ |  |  |
| 7 | the way the staff treated your relatives during your rehabilitation? □ Not applicable | □ | □ | □ | □ | □ |  |  |
| 8 | the information your relatives received during your rehabilitation? □ Not applicable | □ | □ | □ | □ | □ |  |  |
| 9 | the results you achieved during your rehabilitation, in relation to your rehabilitation plan? | □ | □ | □ | □ | □ |  |  |

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| --- | --- |
| **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?**