

|  |  |
| --- | --- |
| **2.** | **How long have you had the illness or the injury that was the primary reason for your stay?** |
|  | Less than 3 months |
|  | 3-12 months |
|  | More than 1 year |

|  |  |
| --- | --- |
| **5.** | **Did the institution/ward seem prepared for****your arrival?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **4.** | **Was the way you were welcomed to the****institution/ward satisfactory?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

Your experiences with rehabilitation

The following questions are about your experiences with the rehabilitation institution/ward where you have been staying, as specified in the information letter.

PasOpp Rehabilitering 19/20

 Your illness or injury Waiting time and reception

|  |  |
| --- | --- |
| **1.** | **What type of illness or injury did you have that required admission for rehabilitation?** *(You can**choose several options)* |
|  | Musculoskeletal disease and/or bone disorder (e.g. rheumatic disease, painful muscles or joints, back pain or pelvic problems) |
|  | Cardiovascular disease(e.g. heart attack, heart failure, angina) |
|  | Stroke |
|  | Injury caused by a fall, accident or similar incident |
|  | Cancer |
|  | Mental illness |
|  | Nervous system disease(e.g. Parkinson’s, epilepsy, multiple sclerosis/MS) |
|  | Respiratory disease (e.g. asthma, COPD) |
|  | Metabolic disease/obesity (e.g. diabetes, disease of the thyroid glands) |
|  | Amputation |
|  | Joint prosthesis |
|  | Other: *(Write here) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_* |

|  |  |
| --- | --- |
| **3.** | **Did you have to wait a long time before you****could be admitted to the institution/ward?** |
|  |  No |
|  | Yes, but not long |
|  |  Yes, quite long |
|  | Yes, far too long |
|  | *Don’t know / not applicable* |

 Therapists

When filling in your response to the following questions, keep the people from question 6 in mind.

|  |  |
| --- | --- |
| **6.** | **Which therapists were you in contact with during your rehabilitation?** *(You can choose**several options)* |
|  | Physiotherapist |
|  | Social worker |
|  | Doctor |
|  | Nurse |
|  | Assistant nurse |
|  | Occupational therapist |
|  | Ergotherapist/Sports medicine consultant |
|  | Nutritionist |
|  | Speech therapist |
|  | Therapist for the visually impaired |
|  | Behavioural/occupational consultant |
|  | Psychologist |
|  | Psychiatrist |
|  | Psychiatric nurse |
|  | Other |

|  |  |
| --- | --- |
| **7.** | **Did the therapists have time for you when you****needed them?** |
|  | Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  | To a very large extent |

|  |  |
| --- | --- |
| **8.** | **Did you find that the therapists showed****interest in your situation?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  | To a very large extent |

|  |  |
| --- | --- |
| **9.** | **Did you find that the therapists cared about****you?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  | To a very large extent |

|  |  |
| --- | --- |
| **10.** | **Did you have confidence in the professional****skills of the therapists?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  | To a very large extent |

|  |  |
| --- | --- |
| **11.** | **Did the therapists include you in discussions of****your rehabilitation?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

2

 Organisation



|  |  |
| --- | --- |
| **17.** | **Did you find that the therapists collaborated****well regarding your rehabilitation?** |
|  | Not at all |
|  | To a small extent |
|  | To some extent |
|  | To a large extent |
|  | To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **18.** | **Did you find that there was a designated group****of therapists assigned to your care?** |
|  | Not at all |
|  | To a small extent |
|  | To some extent |
|  | To a large extent |
|  | To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **13.** | **Did the therapists provide you with sufficient****information on your condition?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  | To a very large extent |

|  |  |
| --- | --- |
| **12.** | **Did you and the therapists agree on the goals****for your stay?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **15.** | **Do you believe that you have been incorrectly treated in any way at the institution/ward (according to your own judgement)?** |
|  | Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  | To a very large extent |

|  |  |
| --- | --- |
| **14.** | **Did the therapists provide you with sufficient****guidance on how to cope with your condition?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **20.** | **Were you happy with the activity schedule****during your stay?** |
|  | Not at all |
|  | To a small extent |
|  | To some extent |
|  | To a large extent |
|  | To a very large extent |
|  | *Did not have a schedule* |

|  |  |
| --- | --- |
| **19.** | **Did you have one particular contact person****during your stay?** |
|  | Yes |
|  | No |
|  | Don’t know |

|  |  |
| --- | --- |
| **16.** | **Did you find that the work at the institution/****ward was well organised?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  | To a very large extent |



Surroundings and environment

|  |  |
| --- | --- |
| **24.** | **Are you satisfied with the length of your stay?** |
|  | Not at all |
|  |  To a small extent |
|  | To some extent |
|  | To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **25.** | **Were the rooms in the institution/ward****adapted to your needs?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **26.** | **Were the outdoor areas at the institution/****ward adapted to your needs?** |
|  | Not at all |
|  | To a small extent |
|  | To some extent |
|  | To a large extent |
|  | To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **27.** | **Was there a good range of equipment****available for your rehabilitation?** |
|  | Not at all |
|  |  To a small extent |
|  | To some extent |
|  | To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **28.** | **Was the cleaning standard satisfactory?** |
|  | Not at all |
|  |  To a small extent |
|  | To some extent |
|  | To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **22.** | **Did the institution/ward follow up on****your schedule as planned?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Did not have a schedule* |

|  |  |
| --- | --- |
| **23.** | **Do you find that the therapists cooperated****well with your relatives?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **21.** | **Do you think it took a long time to prepare****your schedule?** |
|  |  Not at all |
|  | To a small extent |
|  |  To some extent |
|  | To a large extent |
|  | To a very large extent |
|  | *Did not have a schedule* |

4



Benefits gained

|  |  |
| --- | --- |
| **30.** | **Were the recreational activities satisfactory?** |
|  |  Not at all |
|  |  To a small extent |
|  | To some extent |
|  | To a large extent |
|  | To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **32.** | **To what extent have you benefitted from your****stay in terms of your *mental* health?** |
|  |  No benefit |
|  |  Small benefit |
|  |  Some benefit |
|  |  Large benefit |
|  |  Very large benefit |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **31.** | **To what extent have you benefitted from your****stay in terms of your *physical* health?** |
|  |  No benefit |
|  |  Small benefit |
|  |  Some benefit |
|  |  Large benefit |
|  |  Very large benefit |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **33.** | **To what extent have you benefitted from your****stay in terms of being better able to cope with daily tasks?** |
|  |  No benefit |
|  |  Small benefit |
|  |  Some benefit |
|  |  Large benefit |
|  |  Very large benefit |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **35.** | **To what extent have you benefitted from your stay in terms of taking part in social activities?** *(E.g. spending time with others, recreational**activities, cultural activities etc.)* |
|  | No benefit |
|  | Small benefit |
|  | Some benefit |
|  | Large benefit |
|  | Very large benefit |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **37.** | **Overall, to what extent have you benefitted from your stay?** |
|  |  No benefit |
|  |  Small benefit |
|  |  Some benefit |
|  |  Large benefit |
|  | Very large benefit |

|  |  |
| --- | --- |
| **36.** | **Did you achieve the goals established for your****stay?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **29.** | **Was the food satisfactory?** |
|  | Not at all |
|  | To a small extent |
|  | To some extent |
|  | To a large extent |
|  | To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **34.** | **To what extent have you benefitted from your****stay in terms of work or study prospects?** |
|  |  No benefit |
|  |  Small benefit |
|  |  Some benefit |
|  |  Large benefit |
|  |  Very large benefit |
|  | *Don’t know / not applicable* |

 Other assessments

|  |  |
| --- | --- |
| **42.** | **Have you received enough follow-up from the services in the municipality after you came home?** |
|  | Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **38.** | **Overall, how satisfied or dissatisfied are you****with the services you received at the institution/ward?** |
|  | Very dissatisfied |
|  |  Quite dissatisfied |
|  |  Neither satisfied nor dissatisfied |
|  |  Quite satisfied |
|  |  Very satisfied |

 Background information

 The time after your stay

|  |  |
| --- | --- |
| **40.** | **Was it possible to implement the written plan****after you returned home?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **39.** | **Was a written plan prepared for your further rehabilitation?** |
|  | Yes |
|  | No |
|  | *Don’t know / not applicable* |

|  |  |
| --- | --- |
| **44.** | **What is your highest level of education?** |
|  | Compulsory primary school (grades 1-10) |
|  | Upper secondary school |
|  | College/university (1-4 years) |
|  | College/university (4 years or more) |

|  |  |
| --- | --- |
| **43.** | **Are you married/living with a partner?** |
|  | Yes |
|  | No |

|  |  |
| --- | --- |
| **45.** | **Where were you born?** |
|  | Norway |
|  | In a Nordic country (other than Norway) |
|  | Western Europe (other than a Nordic country) |
|  | EU country in Eastern Europe |
|  | Eastern Europe (not a country in the EU) |
|  | Africa |
|  | Asia (including Turkey) |
|  | North America |
|  | South America or Central America |
|  | Oceania |

6

|  |  |
| --- | --- |
| **41.** | **Does the institution/ward collaborate well with the services in the municipality where you live (e.g. GP/family doctor, NAV, physiotherapist, other)?** |
|  |  Not at all |
|  |  To a small extent |
|  |  To some extent |
|  |  To a large extent |
|  |  To a very large extent |
|  | *Don’t know / not applicable* |



|  |  |
| --- | --- |
| **47.** | **How would you describe your *physical* health?** |
|  | Excellent |
|  | Very good |
|  | Good |
|  | Fair |
|  | Poor |

|  |  |
| --- | --- |
| **46.** | **What do you do on a daily basis?** *(You can**choose several options)* |
|  | Work |
|  | On sick leave |
|  | Receive work assessment allowance (AAP) |
|  | Receive disability benefits |
|  | Unemployed |
|  | Retired |
|  | Study/Education |
|  | Full-time homemaker |
|  | Other |

|  |  |
| --- | --- |
| **49.** | **Who filled out the questionnaire?** |
|  | The patient (by yourself) |
|  | Relatives/Next-of-kin |

 Feel free to write more about your experiences from your stay at the institution/ward here:



|  |  |
| --- | --- |
| **48.** | **How would you describe your *mental* health?** |
|  | Excellent |
|  | Very good |
|  | Good |
|  | Fair |
|  | Poor |

Thank you for taking the time to complete this survey.



8