Evaluation / study of patient experiences from rehabilitation programmes
We would like to know what experiences you have had during your stay at MS-Senteret Hakadal (MSSH). The purpose is to collect knowledge that can help us do an even better job and continuously develop the programme to make your stay as beneficial as possible. Your opinion counts, and we therefore hope that you will answer the questionnaire.

Period of stay: 2010 Man / Woman / Age

Before arrival
1. Did you receive sufficient advance information on your stay?
   If No – what were you missing?
   Yes No

About the stay
2. How were you received on arrival?
   Comments:

3. Are you satisfied with the length of your stay?
   If No – comments:
   Yes No

4. Is there something you have missed or wish to emphasise with regard to your stay?
   If Yes – comments:
   Yes No
**Therapists**
5. Which of the following therapists were you in touch with during your stay?
- Doctor
- Psychologist
- Neuropsychologist
- Social worker
- Physiotherapist
- Occupational therapist
- Nurse
- Assistant nurse / care worker
- Nutritionist

**About your therapists**
6. How were you encountered by the therapists with whom you were in touch?

**Comments:**

7. Did you perceive the therapists whom you encountered as professionally competent?

If **No** – comments:
Yes No

8. Did you feel that you were included in the process of setting goals and determining the programme for your rehabilitation?

If **No** – comments:
Yes No

9. Did you feel that the therapists were interested in your description of your own situation?

If **No** – comments:
Yes No

10. Did the therapists provide sufficient guidance on how you can cope with challenges arising from your condition?

If **No** – comments:
Yes No

11. Did you feel that the therapists cooperated appropriately with regard to your rehabilitation?

If **No** – comments:
Yes No
12. Were you prepared for the time after the rehabilitation programme?
   If No – comments:
   Yes  No

Organisation of daily activities

13. Did you perceive the centre’s work as well organised?
   If No – comments:
   Yes  No

14. Were you satisfied with the schedule for your activities during your stay?
   If No – comments:
   Yes  No

15. Was the schedule followed up as planned?
   If No – comments:
   Yes  No

Premises and environment

16. Were the premises of the centre adapted to your needs?
   If No – comments:
   Yes  No

17. Were the outdoor areas adapted to your needs?
   If No – comments:
   Yes  No

18. Did you have the impression that the equipment used for rehabilitation was kept in good repair?
   If No – comments:
   Yes  No

19. Did you find the following to be satisfactory?
   Leisure time activities   Yes  No
   Cleanliness            Yes  No
   The indoor climate     Yes  No
   The food               Yes  No

Comments:
Expectations of the stay

20. Beforehand, to what extent did you expect the rehabilitation programme to benefit your condition?

Comments:

Benefits from the stay
(1 = to a small extent / 4 = to a great extent)
21. To what extent do you think that the programme will benefit your quality of life in general?

a. Your physical health?

Comments:

b. Your mental health?

Comments:

c. Coping with daily activities?

Comments:

d. Participation in social activities?

Comments:

If you need more space to fill in certain items you can use the back of the form or add extra sheets. If so, please note the number of the item to which the comments refer.

Thanks for taking time to fill in the questionnaire!

The completed questionnaire should be placed in the white mailbox on the 1st floor before departure.