

Appendix to: Trygve Holmøy, Kjersti Træland Hanssen, Antonie G. Beiske.
Patient satisfaction in rehabilitation of patients with multiple sclerosis.
Journal of the Norwegian Medical Association 2012; 132: 523-6.
This appendix is a supplement to the article, and has not undergone editorial processing.



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.