

# “Client Satisfaction Survey”

## **Instructions for Clients:**

We are interested in knowing how satisfied you were with any of the following rehabilitation services you received: audiology, occupational therapy, physiotherapy and/or speech language pathology. If you have received services from more than one therapist, please combine your ratings into one.

**Do not** put your name on the survey. It is not your name we are interested in, only your opinion regarding your experience with rehabilitation services in New Brunswick.

For most questions, we are asking you to simply check the appropriate box. Some questions may ask you to explain your answer.

*Example:* Have you received rehabilitation service?  Yes  No

## **Instructions for Caregivers ONLY:**

If you are completing this survey for someone else, the word “*you*” in the questions refers to the person who has received rehabilitation services. Please base your answers on the client’s experience.

## **General Definitions:**

**Rehabilitation services** - Services or care provided by the following therapists: Audiologist, Occupational Therapist, Physiotherapist, Speech Language Pathologist.

**Client** - The person that received rehabilitation services.


**Therapist** - Any of the following: Audiologist, Occupational Therapist, Physiotherapist, Speech Language Pathologist. This word does not include doctors or nurses.



## Section 1: Information About Your Rehabilitation Service

**Q1.** Are you completing this survey for yourself or someone else?

- Myself  Someone Else

 If you are completing this survey for someone else who has received rehabilitation services, please check below your relationship to that person.

- Parent  
 Spouse/Partner  
 Son/Daughter  
 Paid caregiver  
 Other (please specify):

**Q2.** What rehabilitation service(s) did you receive prior to or during June of 1999? *(Check all that apply)*

- Audiology Services  
 Occupational Therapy Services  
 Physiotherapy Services  
 Speech Language Services  Don't Know

**Q3.** Were you referred for rehabilitation service by a physician?

- Yes  No  Don't Know

**Q4.** Was this the first time you received rehabilitation services?

- Yes  No  Don't Know

**Q5.** Did you receive enough information about the service before your first visit?

*(Example: confirmation of referral, expected wait time, where to park, directions etc.)*

- Yes  No  Don't Know

If No, what kind of information would have helped you?

*(Please specify):*

**Q6.** Why did you receive rehabilitation services? *(Check all that apply)*

- Problem with hearing  Problem with memory or thinking  
 Problem with speech/language  Pain/discomfort  
 Problem moving around  Problem with daily activities  
 Problem using hands  Other *(Please specify):*

**Q7.** How long did you receive rehabilitation services?

- Just one time  
 Less than 1 month  
 1 to 6 months  
 6 months to 1 year  
 More than one year *(Please specify the number of years):*  Years

**Q8.** How often did you see the therapist?

- One time only
- Several times per week
- Once a week
- 1 to 3 times a month
- Other (Please specify):

**Q9.** How often do you want to be involved in making decisions about your care?

- Never
- Rarely
- Sometimes
- Very Often
- Always

**Q10.** Have you received any rehabilitation services since June 1999?

- Yes
- No (Skip to Section 2)

Was it for the same problem as before?

- Yes
- No

Who provided the service?

- Hospital
- Extra-Mural Program
- Private Rehabilitation Service
- Stan Cassidy Centre for Rehabilitation
- Other (Please specify):

**Section 2: Your Opinions About Rehabilitation Services**

*Based on your experience with rehabilitation service(s), please rate:*

- 1) **“Your Agreement”** with each sentence
- 2) **“How Important”** each sentence is to you.

**Statement 1:** My therapist treats me as a person instead of just another “case”

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important

**Statement 2:** I can choose how much I want to participate in my care.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 3:** My therapist always treats me with respect.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 4:** My therapist encourages me.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 5:** My therapist explains things in language that I can understand.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 6:** My therapist explains different treatment choices.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 7:** I feel free to ask the therapist questions.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 8:** My therapist answers all of my questions.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 9:** I am accepted for who I am by my therapist.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 10:** My therapist is sensitive to my needs.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 11:** My therapist gives me information in many ways. (Examples: books, kits, video etc.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 12:** My therapist provides opportunities for my family/friends to participate in my care.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 13:** My therapist trusts me to know about my problem(s).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 14:** My therapist makes me feel at ease.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 15:** My therapist and I decide together what will help me.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 16:** My therapist encourages me to talk about my problem(s).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 17:** My therapist gives me enough time to talk so that I do not feel rushed.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 18:** My therapist makes me feel like a partner in my care.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important


**Statement 19:** My therapist helps me understand my problem(s).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important

**Statement 20:** My therapist understands my problem(s).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important

**Statement 21:** My therapist helps me learn how to manage on my own.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		Not Important	Of Little Importance	Moderately Important	Important	Very Important

### Section 3: Your Satisfaction With Rehabilitation Services

*Based on your experience with rehabilitation service(s), please rate "Your Agreement" with each statement.*

**Statement 1:** The type of care I need is available from my therapist.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

**Statement 2:** My therapist asks me to give my opinion about my problem(s).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

**Statement 3:** The care I received did not meet my needs.

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 4:** My therapist knows a lot about my problem(s).

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 5:** My therapist is not friendly or polite.

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 6:** I have a better understanding of my problem(s) now.

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 7:** In a general sense, I am satisfied with the care I received.

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 8:** I waited too long for my first visit.

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 9:** My therapist understands how I feel.

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 10:** I would recommend this service to a family member or friend.

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 11:** The care I received helped me to deal with my problem(s).

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 12:** My therapist suggests ways of dealing with my problem(s).

Strongly Disagree Disagree Unsure Agree Strongly Agree

**Statement 13:** I have fewer concerns now than before I received service.

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

**Statement 14:** I trust my therapist to provide the best care possible.

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

**Statement 15:** My therapist explains the results of treatment so I know what to expect.

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

**Statement 16:** If I needed help again, I would come back to the same service.

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

**Section 4: General Client Information**

**Q1.** Gender?

Female  
 Male

**Q2.** Age Range?

0 - 5 years  
 6 - 18 years  
 19 - 64 years  
 65+ years

**Q3.** What is your place of residence?

Home/Apartment  
 Nursing Home  
 Special Care Home  
 Other (Please specify):

**Q4.** How would you rate your health compared to others your age? (This questions refers to the client's health)

Very Good    Good    Fair    Poor    Very Poor

*If you have any suggestions for improving rehabilitation services, please let us know.*

**Thank you for taking time to fill out this survey. Your opinions are important to us.**