

# Rehabilitation Services Questionnaire

1. Have you received rehabilitation services?  Yes  No

If you have answered No please go directly to question 17.

2. When did you receive rehabilitation services?

I am still receiving rehabilitation services

During the last year

2 years ago

5 years ago

More than 5 years ago

Other (please advise) .....

3. Were rehabilitation services provided to you as a result of;

A stroke  An accident  A brain injury

Other (please complete) .....

4. Where did you receive rehabilitation services? (please tick all that apply)

Own home

A local acute hospital e.g. Musgrove or Yeovil

A community hospital e.g. Williton / Bridgwater

A hospital outside of Somerset.

A general rehabilitation centre

A centre specific to your impairment / condition

Other (please give details) .....

5.a) Would you have preferred to receive rehabilitation services elsewhere? Yes  No

b) If Yes, **where** would you have preferred to receive rehabilitation services (please tick all that apply);

- |                  |                          |                      |                          |
|------------------|--------------------------|----------------------|--------------------------|
| Gyms             | <input type="checkbox"/> | Swimming Pools       | <input type="checkbox"/> |
| Community Centre | <input type="checkbox"/> | Active Living Centre | <input type="checkbox"/> |
| Doctors Surgery  | <input type="checkbox"/> | Extra Care Housing   | <input type="checkbox"/> |
| Residential Home | <input type="checkbox"/> | At home              | <input type="checkbox"/> |

Other .....

6 a) Did you receive enough information about the rehabilitation services available to you;

During your stay in hospital      Yes       No

If No, please comment .....

b) On discharge from hospital      Yes       No

If No, please comment .....

c) At home      Yes       No

If No, please comment .....

7. Were you given clear plans about what would happen to you?

Yes       No       Other (please give details).....

8. Did you understand the help you would get and what was happening with your rehabilitation support?

Yes       No       Don't Know

9. When you received the rehabilitation support do you feel it was;

Too early       When I needed it       Too late

Other (please give details) .....

10. Do you feel you could have received more support at home to enable you to be more independent; Yes  No

11. In terms of your rehabilitation, are there any other services or help you would have liked to receive?

Extra Care Housing  Additional Benefits

Other (please advise) .....

12. When you received help who provided your rehabilitation support?

Occupational Therapist  Physiotherapist

Don't Know

Other (please provide details) .....

13. Were you happy with the designated professional provided for your support?

Yes  No

If you have answered No, please say why you were not happy in the space below;

.....

14. Would you have been interested in receiving the money directly to purchase your own rehabilitation support?

Yes  No

15. Overall how would you rate your experience of rehabilitation services? (please circle a score)

Very Good    Good    Average    Poor    Very Poor

1                    2                    3                    4                    5

16. Do you feel that your rehabilitation achieved the goals and outcomes you expected?

Yes  No  Other (please give details).....

.....

17. If you have not received rehabilitation services, where/how would you prefer to receive services in the future;

- |   |                          |                      |                          |
|---|--------------------------|----------------------|--------------------------|
| In your own home                                    | <input type="checkbox"/> | Gyms                 | <input type="checkbox"/> |
| A local acute hospital<br>e.g. Musgrove or Yeovil   | <input type="checkbox"/> | Swimming Pools       | <input type="checkbox"/> |
| A community hospital<br>e.g. Williton / Bridgwater  | <input type="checkbox"/> | Community Centre     | <input type="checkbox"/> |
| A hospital outside Somerset                         | <input type="checkbox"/> | Active Living Centre | <input type="checkbox"/> |
| A general rehabilitation centre                     | <input type="checkbox"/> | Doctors Surgery      | <input type="checkbox"/> |
| A centre specific to your<br>impairment / condition | <input type="checkbox"/> | Extra Care Housing   | <input type="checkbox"/> |
| Residential Home                                    | <input type="checkbox"/> |                      |                          |

Receive money directly to purchase your own rehabilitation support?

Other (please give details) .....

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Please supply your contact details below if you would like to be kept informed about any future developments concerning this work;

Name .....

Address .....

Postcode ..... Tel No.....

**Thank you for your co-operation**

Please return by **WEDNESDAY 9th JUNE 2010** in the envelope provided or to:FREEPOST RRAA-RLEX-XXU

Somerset Access and Inclusion Network, Unit 11-12 Belvedere Trading Estate, Taunton TA1 1BH

Your personal information will be held and used in accordance with the Data Protection Act 1998. The information you have provided will be used to contact you in association with Compass Disability Services activities only. It will not be used for any other purpose or shared with any other organisation without your express permission.