

Tell us about your service

**The national client satisfaction
follow-up study on services for
older people 2024**

Question cards for the residents of 24/7 sheltered housing



Responding to the survey

1. How do you answer to the survey?

Instruction: select one option.

- Independently without the help of others
- With a close relative or friend
- With a familiar nurse
- With another nurse or assistant
- The questions were answered by a close relative or friend with the client's permission

Instruction: a close relative or friend answering the questions according to client's wishes.

Service and provision of help

2. How likely are you to recommend the service you received to a close relative or friend?

Instruction: select the appropriate number between 0 and 10.
0 means that you would not recommend the service at all.
10 means that you would warmly recommend the service.

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I would not
recommend

I would warmly
recommend

Service and provision of help

3. My wishes are taken into account in my care and service.

Instruction: select one option.



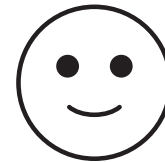
Completely
disagree



Pretty much
disagree



Neither agree
or disagree



Pretty much
agree



Completely
agree

Service and provision of help

4. I receive enough help and services.

Instruction: select one option.



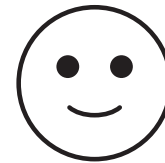
Completely
disagree



Pretty much
disagree



Neither agree
or disagree



Pretty much
agree



Completely
agree

Service and provision of help

5. The nurses have enough time for me.

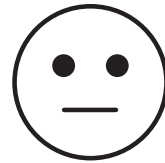
Instruction: select one option.



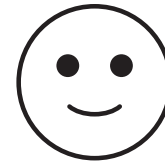
Completely
disagree



Pretty much
disagree



Neither agree
or disagree



Pretty much
agree



Completely
agree

Loneliness

6. Do you suffer from loneliness?

Instruction: select one option.

- Never
- Rarely
- Often
- All the time

Safety and security

7. I feel safe.

Instruction: select one option.



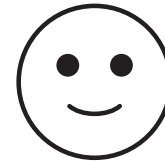
Completely
disagree



Pretty much
disagree



Neither agree
or disagree



Pretty much
agree



Completely
agree

Recreation and outdoor activities

8. **There are enough recreational activities available that I like.**

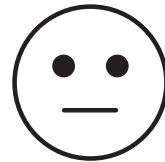
Instruction: select one option.



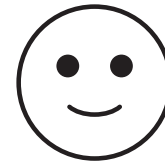
Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

Recreation and outdoor activities

9. I get to go outdoors often enough.

Instruction: select one option.

Outdoor activities, for example alone,
with a a close relative or friend, a nurse, or another assistant.



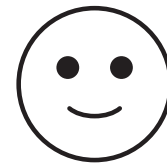
Completely
disagree



Pretty much
disagree



Neither agree
or disagree



Pretty much
agree



Completely
agree

Meal

10. I am satisfied with the food.

Instruction: select one option.



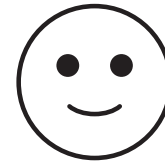
Completely
disagree



Pretty much
disagree



Neither agree
or disagree



Pretty much
agree



Completely
agree

Life satisfaction

11. I am satisfied with my current life.

Instruction: select one option.



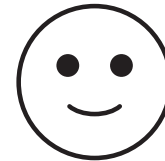
Completely
disagree



Pretty much
disagree



Neither agree
or disagree



Pretty much
agree



Completely
agree

Open feedback

12. Would you like to comment on something else concerning the care services you have received?

Instruction: you can freely express your thoughts and opinions.

Thank you for completing the survey.