

# Tell us about your service

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

Survey for the clients of home care



# Dear client of home care

This is a client survey on services for older people. Please respond to the survey. The survey will be conducted by the Finnish Institute for Health and Welfare (THL). The survey will be sent to all clients of services for older people around Finland.

You can answer the survey yourself or you can answer with a close relative or friend or an assistant.

You can also ask a close relative or friend to complete the survey on your behalf. The answer must be your opinion even when someone helps you in completing the survey or completes the survey on your behalf.

Participation in the survey is entirely voluntary. You can decide whether you want to respond to the survey. Whether you respond or not will not affect the service you receive.

You can respond to the survey on paper or electronically. With the survey, you will find instructions on how to submit the survey.

## What is asked in the survey?

The survey contains just over 10 questions. You can answer either all the questions or select which questions you wish to and can answer. The questions are related to the service you are provided and your everyday life. We will not ask your name or other personal information. We will not be able identify who you are.

## Why is the survey conducted?

The survey will produce information on client satisfaction in services for older people

and help in developing these services.

We will combine the answers with the information from the service unit.

We will examine how the unit's operating methods affect client satisfaction.

All responses will be put together and made into publications.

It will not be possible to identify the responses of individual respondents from the publications.

You can read the results on THL's website, for example with a close relative.

Your service unit can also utilise the results of the survey.

## **Do you have any questions?**

For more information, visit: [thl.fi/kerropalvelustasi](https://thl.fi/kerropalvelustasi)

If you have any questions about the survey, please contact us by e-mail or phone.

E-mail: [kerropalvelustasi@thl.fi](mailto:kerropalvelustasi@thl.fi)

Phone number: **029 524 6188**

The phonenumber is open from Monday to Wednesday 9 a.m. to 11 a.m.

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**Thank you for taking  
part in the survey.**

**Please welcome to  
complete the survey.**

## Tell us about your service – The national client satisfaction follow-up study on services for older people 2024

### Survey for the clients of home care

You can answer either on a paper or an electronic survey.  
The web address and login-ID for the electronic survey are:

link: [tutkimus.thl.fi/tunnukset/kerro24/](https://tutkimus.thl.fi/tunnukset/kerro24/) \_\_\_\_\_

login-ID: \_\_\_\_\_

### 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

Instruction: select one option for each question.

#### 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.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<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

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



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

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**4. I receive enough help and services.**



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

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**5. The nurses have enough time for me.**



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

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**6. I have enough money for the services I need.**

Instruction: services refer to social welfare and health care services, such as home care, sheltered housing, cleaning and meal services, safety and transport services and doctor's appointments.



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

## Loneliness

### 7. Do you suffer from loneliness?

Instruction: select one option.

- Never
- Rarely
- Often
- All the time

## Safety and security

### 8. 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

Instruction: select one option for each question.

### 9. There are enough recreational activities available that I like.

Instruction: for example, day centre activities, guided exercise, group activities or friend activities.



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

## 10. I get to go outdoors often enough.

Instruction: outdoor activities, for example alone, with a close relative or friend, a nurse, or another assistant.



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

## Food and meal service

### 11. I am satisfied with the food and meal service.

Instruction: select one option.

Leave this space blank, if you do not have a meal service.



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

## Remote service

### 12. I am satisfied with the remote service I have received.

Instruction: select one option.

Leave this space blank, if you do not have a remote service in place.

The remote service means that a nurse is in contact with you via a video phone, video connection, tablet, etc.



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

