# Tell us about your service

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

Survey for the residents of 24/7 sheltered housing





### Dear client of services for older people

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

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

E-mail: kerropalvelustasi@thl.fi

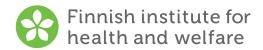
Phone number: 029 524 6188

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

Sari Kehusmaa, Chief Specialist (Research Manager) Suvi Leppäaho, Project Co-ordinator Pauliina Havakka, Senior Researcher The Welfare State Research and Reform Unit, THL

Thank you for taking part in the survey.

Please welcome to complete the survey.



recommend

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Survey for the residents of 24/7 sheltered housing

The link: logi	can answer either on a paper or an electronic survey. web address and login-ID for the electronic survey are: tutkimus.thl.fi/tunnukset/kerro24/ n-ID: sponding 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.
Ser	vice 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.
	0 1 2 3 4 5 6 7 8 9 10
Lv	rould not

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			
4.	. I receive enough help and services.							
	••	••	••	••				
	Completely disagree	Pretty much disagree	Neither agree or disagree	Pretty much agree	Completely agree			
5.	The nurses have enough time for me.							
	••	••	••	••				
	Completely disagree	Pretty much disagree	Neither agree or disagree	Pretty much agree	Completely agree			
Loi	neliness							
6.	Do you suffer fr	om 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**

Instruction: select one option for each question.

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



Completely disagree



Pretty much disagree



Neither agree or disagree



Pretty much agree



Completely agree

#### 9. 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



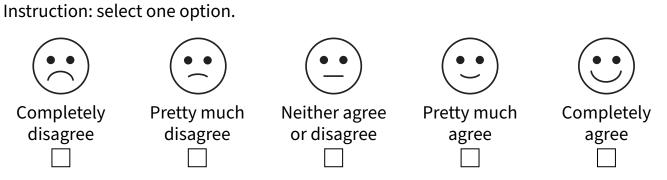
Pretty much agree



Completely agree

10.	I am satisfied w	ith the food.			
	Instruction: selec	ct 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.



#### **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.