



Health station client feedback survey 2024

To be completed by personnel

Wellbeing services county: _____

Health station: _____

Give feedback on the last time you used the services

I used the services of

- A nurse
 A doctor
 A physiotherapist
 A social worker or a social counsellor

I used the service

- At the health centre
 By phone
 Through a remote connection

The reason I used the service was

- An acute health matter
 Follow-up of a chronic disease
 Need for social services

Tick the best option. If the question does not apply to you, please go to the next question.

1. How likely are you to recommend the service you received to someone close to you?

- I would not recommend it I would recommend it warmly
- 0 1 2 3 4 5 6 7 8 9 10

2. What affected your experience the most?

	1 Completely disagree	2 Partially disagree	3 Neither agree nor disagree	4 Partially agree	5 Completely agree
3. I received the service/treatment when I needed it.	☹️	☹️	😊	😊	😊
4. I felt that the staff cared about me comprehensively.	☹️	☹️	😊	😊	😊
5. The decisions concerning my treatment/the matter were made together with me.	☹️	☹️	😊	😊	😊
6. I felt safe during the care/service.	☹️	☹️	😊	😊	😊
7. I know how my care/the service will continue.	☹️	☹️	😊	😊	😊
8. The information I received on care/the service was understandable.	☹️	☹️	😊	😊	😊
9. I felt that the service I received was useful.	☹️	☹️	😊	😊	😊

Please complete the form overleaf ▶

Please answer the questions about your visit at the health station.

Tick the best option. If the question does not apply to you, please go to the next question.

	1 Completely disagree	2 Partially disagree	3 Neither agree nor disagree	4 Partially agree	5 Completely agree
10. It was flexible and quick to make an appointment.					
11. My need for treatment/services was assessed in a professional manner.					
12. The time reserved was long enough to deal with the matter.					
13. Cooperation between the people treating me/dealing with the matter at the health and social services centre has been smooth.					
14. Cooperation between the other parties treating me/dealing with the matter (e.g. hospital, pharmacy, Kela) and the health station has been smooth.					

15. Do you have an illness requiring regular treatment and monitoring that is carried out at the health station?

If your answer is "no", go directly to question 18.

yes no

16. Has a care plan for this illness been drawn up for you?

yes no

	1 Completely disagree	2 Partially disagree	3 Neither agree nor disagree	4 Partially agree	5 Completely agree
17. When the care plan was drawn up,					
a) the objectives that I have set myself for the treatment of this illness were taken into account.					
b) the content of the treatment was agreed with me.					

18. How many times have you used the services of the health station in the past 12 months, including this time?

19. Do you usually see or talk to

a) the same nurse

yes no

b) the same doctor

yes no

c) the same physiotherapist

yes no

d) the same social worker or social counsellor

yes no

My background information:

20. Year of birth

21. Gender

female male other

22. Education

comprehensive school vocational training or upper secondary degree college-level training or lower university degree higher university degree

23. Native language

a) I received services in my native language

yes no

b) My native language is

Finnish Swedish Sami other, please specify which _____