# OPER Outpatients’ experience of quality in rehabilitation A questionnaire about outpatient training with an occupational therapist

Tick one for each of the questions 1-13. **Training** covers individual training, group training, and home training.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | Sex: are you male\_\_\_\_\_\_\_\_ female\_\_\_\_\_\_\_\_other \_\_\_\_\_\_\_\_\_\_  Please tick | | | | | |
| Reason for referral or your diagnosis, please write here: | | | | | | | | |
| The first questions are about your experience of the **occupational therapist** | | | | | | | | |
|  | Put your tick in one of the boxes | | | | | | | Sum |
| Yes, to a very large extent | Yes, to a large extent | | To a certain extent | To a small extent | Not at all | I don’t remember |
| 1. Have you received sufficient information about your rehabilitation and diagnosis? |  |  | |  |  |  |  |  |
| 2. Were you involved in setting goals for the rehabilitation with the occupational therapist? |  |  | |  |  |  |  |  |
| 3. In your opinion, was the occupational therapist friendly and accommodating? |  |  | |  |  |  |  |  |
| 4. In your opinion, was the occupational therapist skilled? |  |  | |  |  |  |  |  |
| The next questions are about your collaboration with the **occupational therapist** | | | | | | | | |
| 5. Was the interaction with the occupational therapist good? |  |  | |  |  |  |  |  |
| 6. Were the goals, you set with the occupational therapist prioritized during training? |  |  | |  |  |  |  |  |
| 7. Was the communication between you and the occupational therapist good? |  |  | |  |  |  |  |  |
| 8. Were your wants and requirements acted on during the training? |  |  | |  |  |  |  |  |
| The next questions are about you and your rehabilitation process with the **occupational therapist** | | | | | | | | |
| 9. Did the training live up to your expectations? |  |  | |  |  |  |  |  |
| 10. In your opinion, was the training versatile and of an appropriate level? |  |  | |  |  |  |  |  |
|  | Yes, to a very large extent | Yes, to a large extent | | To a certain extent | To a small extent | Not at all | Not relevant |  |
| 11. Were your possible other conditions or injuries included in training to a sufficient degree? |  |  | |  |  |  |  |  |
| 12. Did you feel that you could carry out what was required during the training? |  |  | |  |  |  | Sum score 1-12 |  |
| 13. Are you overall satisfied with your rehabilitation? |  |  | |  |  |  | Score 13 |  |

Therapist’s scoring: Yes, to a very large extent = 5, Yes, to a large extent = 4, To a certain extent = 3, To a small extent =2, Not at all = 1, I don’t remember = 3, Not relevant = 4