

## Patient Satisfaction Survey

### 1. Were you seen by:

- Occupational Therapy       Physiotherapy       Speech Pathology       Other  
 Social Work       Nursing       Dietetics       I don't know who was who

### 2. You would have been asked lots of questions about your living arrangements and people who support you, your home set-up, your vision, about your arms, legs, speech and thinking.

#### Were you asked the same questions repeatedly?

- Yes (including the response "sometimes")       No (including the response: "I don't think so")

#### 2a. If yes, were you asked many times about:

- Living arrangements       People who support you       Previous walking ability  
 Previous ability to complete daily activities       Home set-up       Arms  
 Legs       Vision       Thinking  
 Speech/Communication       Swallow       Other \_\_\_\_\_

### 3. Do you feel that the staff who asked you these questions completed a thorough assessment and understood your circumstances?

- Yes (including the response "I think so")       No (including the response "I'm not sure")

### 4. Any comments (about your experience with the assessment/s)?

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### 5. You have been admitted to hospital following a health event. In terms of your healthcare, what is important to you following this event (e.g., being assessed by certain professionals, access to therapy, discharge home as soon as possible, being prescribed the right medication, other aspects or goals of care)?

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