

The Special Welfare District of Southwest Finland: Customer Survey among Relatives 2009

How to fill out the form

Please answer to statements on the questionnaire by putting a cross (x) into a box that corresponds your opinion and by writing your answer to open-ended questions in the space reserved for that. You may continue on the back side of the form if needed.

Where to return the form

Please return the form in the enclosed envelope **by 31st May, 2009**. The postage fee has been pre-paid.

1. Services of the Special Welfare District of Southwest Finland

	1 Strongly disagree	2 Partially disagree	3 Neither agree nor disagree	4 Partially agree	5 Strongly agree
a. Services provided by the Special Welfare District of Southwest Finland have significantly enhanced the quality of life of people with intellectual disability.					
b. Services provided by the Special Welfare District of Southwest Finland have significantly facilitated families of people with intellectual disabilities.					
c. There are enough services provided by the Special Welfare District of Southwest Finland.					
d. The management of the Special Welfare District of Southwest Finland is of high quality, open and honest.					
e. The declared value goals of the Special Welfare District of Southwest Finland (equality, team spirit, respect for others, interaction and safety) is reflected in practice in the actions of the personnel.					
f. Relatives' points of view about the care are sufficiently taken into account in the planning of services.					

2. If you compare the current management of the Special Welfare District of Southwest Finland with its management for five years ago, how do you evaluate it has developed?

a. Into much worse	
b. Into worse	
c. No opinion	
d. Into better	
e. Into much better	

3. If you wish, you can give arguments for your previous answer

4. Which are the most important reasons for you to use the services of the Special Welfare District of Southwest Finland ?

5. Communication

	1 Strongly disagree	2 Partially disagree	3 Neither disagree nor agree	4 Partially agree	5 Strongly agree
a. We have received enough information on various care and rehabilitation possibilities from the personnel of the Special Welfare District of Southwest Finland.					
b. Our preferences in choosing a care home/housing have been sufficiently taken into account.					
c. We have received valid information on the operation of the care home/housing before the first intervention period.					
d. We receive enough information on the well-being of our relative.					
e. The preferences and opinions of our relative are sufficiently taken into account.					
f. We receive enough information on how our relative's rehabilitation is progressing.					

6. The quality of care

	1 Strongly disagree	2 Partially disagree	3 Neither disagree nor agree	4 Partially agree	5 Strongly agree
a. Our relative's individual service plan including the rehabilitation goals has been implemented well.					
b. Our relative has a sufficient access to outdoor recreation.					
c. It is safe in the care home/housing.					
c. It is peaceful in the care home/housing.					
e. Our relative is provided the support and assistance he/she needs.					
f. We rely on the competence and professionalism of the personnel.					

7. How important do you consider it is/would be for your relative to have a room of his/her own in the care home/housing?

- Not important at all
- Rather important
- Very important

8. Does your relative have a room of his/her own in the care home/housing?

- No
- Yes

9. Has your relative had a possibility to influence in choosing his/her roommates?

- No
- Yes
- Lives alone

10. How satisfied are you with the following issues in the care home/housing?

	1 Very unsatisfied	2 Rather unsatisfied	3 Neither unsatisfied or satisfied	4 Rather satisfied	5 Very satisfied
a. Food					
b. Interior of the room					
c. Public rooms					
d. Technical aids in the institution					
e. Administration of personal property					
f. Arranged activities					
g. Arranged therapy sessions					

11. Are there enough meaningful/pleasant activities for your relative in the care home/housing?

- Yes
- No
- I don't know

12. What kind of activities would you prefer to have more/less of?

13. Estimate, what kind of benefit the care and rehabilitation of your relative has given.

14. What has been best in the services received and what are you very pleased with?

15. What have you experienced as bad and would like to improve?

16. Mention three things you consider as the most important ones in the care and rehabilitation of your relative.

17. How long has your relative been in institutional care?

Less than a year	<input type="checkbox"/>
1 - 4 years	<input type="checkbox"/>
5 - 9 years	<input type="checkbox"/>
10 - 15 years	<input type="checkbox"/>
More than 15 years	<input type="checkbox"/>
Has never been	<input type="checkbox"/>

18. How long has your relative been in housing services?

Less than a year	<input type="checkbox"/>
1 - 4 years	<input type="checkbox"/>
5 - 9 years	<input type="checkbox"/>
10 - 15 years	<input type="checkbox"/>
More than 15 years	<input type="checkbox"/>
Has never been	<input type="checkbox"/>

19. Does your relative participate in occupational or daytime activities or education? (You can choose several alternatives)

Participates in occupational activities

Participates in daytime activities

Participates in education

Does not participate in any of the previously mentioned activities

20. How often does your relative receive short-term care?

Every week

Approximately once a month

A couple of times a year

Less than once a year

Not at all

If you answered "not at all", please move to question no 26.

21. When was the last time you used short-term services?

Less than a year ago

1 - 3 years ago

More than 1 - 3 years ago

22. Do you receive enough short-term care services?

Yes

No

23. How often would you wish to receive short-term care?

24. How satisfied are you with the report you received from the research and rehabilitation period?

Very satisfied	<input type="checkbox"/>
Rather satisfied	<input type="checkbox"/>
Neither satisfied nor unsatisfied	<input type="checkbox"/>
Rather unsatisfied	<input type="checkbox"/>
Very unsatisfied	<input type="checkbox"/>

25. How important do you think it is/would be, to have an access to short-term care in the area of one's home municipality?

Very important	<input type="checkbox"/>
Rather important	<input type="checkbox"/>
Not very important	<input type="checkbox"/>

26. Which of the care homes/housing below is primarily used by your relative?

The care home 1	<input type="checkbox"/>
The care home 2	<input type="checkbox"/>
The care home 3	<input type="checkbox"/>
The care home 5	<input type="checkbox"/>
The care home 6	<input type="checkbox"/>
The care home 9	<input type="checkbox"/>
The care home 10	<input type="checkbox"/>
Pompo Care Home	<input type="checkbox"/>
Research department 12	<input type="checkbox"/>
Weekend department	<input type="checkbox"/>
The care home 4	<input type="checkbox"/>
The care home 16	<input type="checkbox"/>
Kaarina housing	<input type="checkbox"/>
Anttilanhovi	<input type="checkbox"/>
Residential rehabilitation	<input type="checkbox"/>
Naskarla housing	<input type="checkbox"/>
Naskarla supported housing	<input type="checkbox"/>
Männistö	<input type="checkbox"/>
Sateenkaari	<input type="checkbox"/>
Valkoja	<input type="checkbox"/>
Rieskalähde	<input type="checkbox"/>
Juhala	<input type="checkbox"/>
Teollisuustie	<input type="checkbox"/>

27. The gender of your relative

Female

Male

28. The age of your relative

Under 6 years

6 - 16 years

17 - 29 years

30 - 64 years

65 years or older

29. The respondent's area of residence

Loimaa sub-region (Aura, Koski TI, Loimaa, Marttila, Oripää, Pöytyä, Tarvasjoki)	<input type="checkbox"/>
Salo sub-region (Salo and Somero)	<input type="checkbox"/>
Turunmaa sub-region (Kemiönsaari and Länsi-Turunmaa)	<input type="checkbox"/>
Municipalities at Turku region (Kaarina, Lieto, Masku, Mynämäki, Naantali, Nousiainen, Paimio, Raisio, Rusko, Sauvo, Turku)	<input type="checkbox"/>
Vakka-Suomi sub-region (Kustavi, Laitila, Pyhäranta, Taivassalo, Uusikaupunki, Vehmaa)	<input type="checkbox"/>

30. Who participated in answering to these questions? (You can choose several alternatives)

Mother

Father

Sister or brother

The relative with intellectual disability

Others

31. What else would you like to tell the personnel of the Special Welfare District of Southwest Finland ?

Thank you for your answers!