April 2015

SPØRGESKEMA

TIL MODTAGERE AF HJEMMEPLEJE

**OVERSÆTTELSE TIL ENGELSK**

Fra næste side er der en fuld oversættelse af det danske spørgeskema.

Det er valgfrit for kommunen, om de spørgsmål, der ikke står med fed skrift, medtages i undersøgelsen.

Dvs. følgende spørgsmål er valgfrie:

 2-4, 7-8, 15-16, 19-21 samt 28-31.

De danske spørgsmål kan identificeres i oversat form på baggrund af spørgsmålsnumrene.

QUESTIONNAIRE
FOR RECIPIENTS OF HOME-CARE SERVICES

**Guidance**

|  |  |  |
| --- | --- | --- |
| Complete the form with a black or blue ballpoint pen.Please answer all the questions and return the questionnaire in the enclosed pre-paid envelope.It is important for the quality and usability of the survey that all questions are answered. |  | If there are questions where none of the response options perfectly match your situation, cross the response that best matches your situation.The responses are scanned by a machine, so all numbers and crosses must be easy to register. See below. |

|  |  |  |
| --- | --- | --- |
|  | CORRECT | INCORRECT |
|  |  |  |  |  |
| If you cross a box by mistake, fill in the box completely and then cross the right box. |  |  |  |
|  |  |  |
| To correct a number, cross out the incorrect number and write the correct number above it. |  |  |

**Personal care**

**First we would like to ask a few questions about personal care**(e.g. bathing/showering, going to the toilet, washing, undressing and dressing)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WHAT DO YOU THINK ABOUT THE HELP YOU RECEIVE WITH:***Please cross one box in each row* | I am very satisfied | I am satisfied | Both satisfied and dissatisfied | I am dissatisfied | I am very dissatisfied | Don't know | Do not receive help |
|  |  |  |  |  |  |  |  |
| 1. Showering/bathing? |  |  |  |  |  |  |  |
| 2. Washing yourself? |  |  |  |  |  |  |  |
| 3. Undressing and dressing? |  |  |  |  |  |  |  |
| 4. Going to the toilet? |  |  |  |  |  |  |  |
| 5. Personal care generally? |  |  |  |  |  |  |  |

**Practical help**

**We would now like to ask about the practical help you receive**(e.g. cleaning, clothes washing/laundry and shopping)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WHAT DO YOU THINK ABOUT THE HELP YOU RECEIVE WITH:***Please cross one box in each row* | I am very satisfied | I am satisfied | Both satisfied and dissatisfied | I am dissatisfied | I am very dissatisfied | Don't know | Do not receive help |
|  |  |  |  |  |  |  |  |
| 6. Cleaning? |  |  |  |  |  |  |  |
| 7. Clothes washing/laundry? |  |  |  |  |  |  |  |
| 8. Shopping? |  |  |  |  |  |  |  |
| 9. Practical help in general? |  |  |  |  |  |  |  |

**Food**

|  |
| --- |
| **10. What do you think about the food which is delivered?** *Please cross one box only* |
|  Very good |
|  Good |
|  Neither good nor bad |
|  Bad |
|  Very bad |
|  Don't know |
|  Do not have food delivered |

**Practical matters**

The next questions concern practical matters in relation to the helpers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please cross one box in each row* | Yes | Yes and no | No | Don't know |
|  |  |  |  |  |
| 11. Is it usually the same helpers who come to visit you? |  |  |  |  |
| 12. Is the help you receive just as good whichever helper comes to your home? |  |  |  |  |
| 13. Do the helpers generally arrive at the agreed times? |  |  |  |  |

**Contact person at the municipality**

|  |
| --- |
| **14. How do you find your contact person at the municipality?** *Please cross one box only* |
|  Very good |
|  Good |
|  Neither good nor bad |
|  Bad |
|  Very bad |
|  Don't know |

**The helpers**

The next questions concern the helpers who provide the help

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please cross one box in each row* | Yes | Yes and no | No | Don't know |
|  |  |  |  |  |
| 15. Are the helpers kind to you? |  |  |  |  |
| 16. Do the helpers show care and consideration? |  |  |  |  |
| **17. Do the helpers show respect?** |  |  |  |  |

|  |
| --- |
| 28. What do you think about staff efforts to make you as independent as possible in terms of personal care (bathing, lavatory visits, dressing and undressing)? *Please cross one box only* |
|  I am very satisfied |
|  I am satisfied |
|  Neither/nor |
|  I am dissatisfied |
|  I am very dissatisfied |
|  Don’t know |
|  Not relevant/Do not receive the service |

|  |
| --- |
| 29. What do you think about staff efforts to make you as independent as possible in terms of practical activities (cleaning, shopping, laundry, meal service)?*Please cross one box only* |
|  I am very satisfied |
|  I am satisfied |
|  Neither/nor |
|  I am dissatisfied |
|  I am very dissatisfied |
|  Don’t know |
|  Not relevant/Do not receive the service |

|  |
| --- |
| 30. How has your personal ability to manage daily activities developed during the home care programme? *Please cross one box only* |
|  Much more independent |
|  More independent |
|  No change |
|  Less independent |
|  Much less independent |
|  Don’t know |
|  Not relevant |

**Your general assessment of the home-care service**

|  |
| --- |
| **18. What do you think generally about the home-care services you receive?** *Please cross one box only* |
|  I am very satisfied |
|  I am satisfied |
|  I am both satisfied and dissatisfied |
|  I am dissatisfied |
|  I am very dissatisfied |
|  Don't know |

**Freedom of choice**

|  |
| --- |
| 19. Did you know that you are free to choose between municipal and private suppliers? *Please cross one box only* |
|  Yes |
|  No |

|  |
| --- |
| 20. How important is it for you to be able to choose between municipal and private suppliers? *Please cross one box only* |
|  Very important |
|  Important |
|  Neither important nor unimportant |
|  Not important |
|  Not important at all |
|  Don't know |

|  |
| --- |
| 21. Did you know that you are able to use flexible home-care services? *Please cross one box only* |
|  Yes |
|  No |

|  |
| --- |
| **22. How often does a helper come to visit you?** *Please cross one box only* |
|  Several times a day |
|  Once a day |
|  Several times a week |
|  Once a week |
|  Once every other week |
|  Once every three weeks or less frequently |
|  Don't know |

**About you**

The next part of the questionnaire concerns you.

|  |
| --- |
| **23. How old are you?** |
| Please state your year of birth |  |

|  |
| --- |
| **24. Are you...?** *Please cross one box only* |
|  Male |
|  Female |

|  |
| --- |
| 31. Do you live alone? *Please cross one box only* |
|  Yes |
|  No |
|  Do not wish to respond |

|  |
| --- |
| **27. How would you describe your current state of health?** *Please cross one box only* |
|  Very good |
|  Good |
|  Both good and poor |
|  Poor |
|  Very poor |
|  Don't know |

**Thank you for your help**