



## CLIENT PERSPECTIVES OF REHABILITATION SERVICES (CPRS) QUESTIONNAIRE

### Instructions:

Please think about your experience as a rehabilitation inpatient. The **program staff** includes all of the nursing staff, therapists, and physicians working in your inpatient rehabilitation program.

**Fill in with a black or blue pen** the oval for each question. If this question does not apply to you, please fill in the last oval "Does not apply".

It is okay to ask for assistance in answering questions as long as the answers represent your own feelings. There are no right or wrong answers.

### HOW STRONGLY DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS?

1. The program staff and I decided together what would help me.

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

2. The program staff took my individual needs into consideration when planning my care.

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

3. My treatment needs, priorities, and goals were important to the program staff.

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

4. I was encouraged to participate in setting my goals.

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

5. Treatment choices were fully explained to me.

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

6. The program staff tried to accommodate my needs when scheduling my therapy.

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

7. I had difficulty getting the health care information I need.

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐



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**8. I was given adequate information about support services in the community.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**9. I received the information that I needed when I wanted it.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**10. My therapy program was explained to me in a way that I could understand.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**11. I knew who to contact if I had problems or questions during my rehabilitation program.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**12. I know who to contact if I have problems following discharge.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**13. I was told what to expect when I got home.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**14. There were times when I received more information than I was ready for.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**15. I was kept well-informed about my progress in areas that were important to me.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**16. I accomplished what I expected in my rehabilitation program.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**17. The program staff and I discussed my progress together and made changes as necessary.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**18. I learned what I needed to know in order to manage my condition at home.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐



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**19. My family/friends were given the support that they needed.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**20. My family/friends were given the information that they wanted when they needed it.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**21. My family/friends received information to assist in providing care for me at home.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**22. My family/friends were treated with respect.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**23. My family/friends were involved in my rehabilitation as much as I wanted.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**24. The program staff treated me as a person instead of just another case.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**25. I was treated with respect and dignity.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**26. My emotional needs (worries, fears, anxieties) were acknowledged and addressed.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**27. I felt comfortable expressing my feelings to program staff.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**28. I had to repeat the same information to the different program staff.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐

**29. My therapists, nurses and doctors worked well together.**

Strongly Agree  
☐

Agree  
☐

Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Doesn't Apply  
☐



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**30. There was one person in charge of coordinating my care among the therapists, nurses and doctors.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**31. Therapists, nurses and doctors sometimes said completely different things about my therapy program.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**32. Most things were done in the hospital within a reasonable amount of time.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**33. Tests and treatments in the hospital were performed on time.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**34. Transfers between different units in the hospital were handled well.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**35. I was told in advance when I would be going home.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**36. I was sent home from the hospital before I felt ready.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**37. Hospital staff told me what to expect about how I might progress at home in regaining my abilities.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**38. Hospital staff gave me understandable explanations about medicines I needed to take at home.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**39. Hospital staff told me of medication side effects to watch for when I went home.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**40. Before leaving the hospital, I was given adequate information about how to monitor my condition for problems and danger signals.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐



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**41. Hospital staff told me about which activities I could and could not do on my own at home.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**42. Hospital staff discussed with me changes to my home that might be needed to help me after I returned from rehabilitation.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**43. Hospital staff provided follow-up care at the hospital when necessary.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**44. Hospital staff made referrals for homecare by nurses or visiting therapists when necessary.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**45. My physical pain was controlled as well as possible.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**46. My reports of pain were acknowledged by program staff.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**47. I had adequate time for rest and sleep.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**48. Program staff tried to ensure my comfort.**

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      Doesn't Apply

☐      ☐      ☐      ☐      ☐      ☐

**Please rate the following items as either Excellent, Very Good, Good, Fair, Poor, or Don't Know.**

**Your Nurses...**

**49. SKILL AND COMPETENCE OF NURSES: How well things were done, like giving medicine and handling IVs.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**50. ATTENTION OF NURSES TO YOUR CONDITION: How often nurses checked on you and how well they kept track of how you were doing.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐



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**51. NURSING STAFF RESPONSE TO YOUR CALLS: How quick they were to help.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**52. CONCERN AND CARING BY NURSES: Courtesy and respect you were given; friendliness and kindness.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**53. INFORMATION GIVEN BY NURSES: How well nurses communicated with patients, families and doctors.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**Your Therapists...**

**54. SKILL AND COMPETENCE OF THERAPISTS: Knowledge about your condition; ability to help you meet your treatment goals.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**55. TIME SPENT IN THERAPY: Amount of therapy you received.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**56. AVAILABILITY OF THERAPISTS: Available when you needed them.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**57. CONCERN AND CARING BY THERAPISTS: Courtesy and respect you were given; friendliness and kindness.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**58. INFORMATION GIVEN BY THERAPISTS: How well therapists communicated with patients, families and doctors.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**Your Doctors...**

**59. ATTENTION OF YOUR DOCTORS TO YOUR CONDITION: How often doctors checked on you and how well they kept track of how you were doing.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐

**60. AVAILABILITY OF DOCTORS: How easy it was to get your doctors when needed.**

Excellent      Very Good      Good      Fair      Poor      Don't Know

☐      ☐      ☐      ☐      ☐      ☐



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**61. CONCERN AND CARING BY DOCTORS: Courtesy and respect you were given; friendliness and kindness.**

Excellent

☐

Very Good

☐

Good

☐

Fair

☐

Poor

☐

Don't Know

☐

**62. SKILL OF DOCTORS: Ability to diagnose problems, thoroughness of examinations, skill in treating your condition, and scientific knowledge.**

Excellent

☐

Very Good

☐

Good

☐

Fair

☐

Poor

☐

Don't Know

☐

**63. RESPECT FOR YOU: How well the doctors listened to what you had to say, how well the doctors understood what you thought was important.**

Excellent

☐

Very Good

☐

Good

☐

Fair

☐

Poor

☐

Don't Know

☐

**Overall Impressions...**

**64. Overall quality of care and services you received.**

Excellent

☐

Very Good

☐

Good

☐

Fair

☐

Poor

☐

Don't Know

☐

**65. Quality of food: Overall, how well it tasted, serving temperature and variety available.**

Excellent

☐

Very Good

☐

Good

☐

Fair

☐

Poor

☐

Don't Know

☐

**66. Condition of your room and hospital environment: Cleanliness, comfort, lighting and temperature.**

Excellent

☐

Very Good

☐

Good

☐

Fair

☐

Poor

☐

Don't Know

☐

**67. Now that you have been out of the hospital for a while, how much do you think you were actually helped by your care in inpatient rehabilitation? Do you think you were helped ...**

- ☐ A great deal    ☐ Somewhat    ☐ Not at all    ☐ Does not apply  
☐ Quite a bit    ☐ A little    ☐ Not sure

**68. Would you recommend this hospital to your friends and family?**

- ☐ Yes    ☐ No    ☐ Don't know



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69. What was the main reason or type of problem that led to this inpatient rehabilitation hospitalization? (Please mark only one.)

- ☐ Hip replacement ☐ Other
- ☐ Knee replacement
- ☐ Broken bone/fracture
- ☐ Amputation
- ☐ Spinal cord injury
- ☐ Stroke
- ☐ Acquired brain injury
- ☐ Heart problem
- ☐ Lung problem (e.g., asthma, emphysema)
- ☐ Burns

70. During your stay in the inpatient rehabilitation program, how much assistance did you need with your everyday activities (e.g., eating, bathing, dressing, using the bathroom, getting out of bed)? Did you need ...

- ☐ A lot of help ☐ Quite a bit of help ☐ Some help ☐ A little help ☐ No help at all

71. Mark the ONE statement that best describes your CURRENT living situation.

- ☐ I live alone in a house or apartment.
- ☐ I live with my spouse in a house or apartment.
- ☐ I live with family, but not my spouse, in a house or apartment.
- ☐ I live with others, who are not family, in a house or apartment.
- ☐ I live in a nursing home or other group residential setting.
- ☐ Other

The hospital will review your comments, however you will not be contacted directly regarding any comments or concerns. Should you wish to speak with someone directly regarding your care experience, please contact Phyllis Brady at 519-646-6000 ext 64727.

72. Is there anything else you would like to tell us about your hospital stay?

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73. Researchers from the University of Toronto want to learn more about how patients feel about their health care. If you agree, information from this survey will be joined with your other hospital information by the Institute for Clinical Evaluative Sciences. This will be done using numbers only. **No personal information (name, address, etc.)** will be included or given out.

**Will you let your answers on this survey be joined to your other hospital information for use in research?**

- ☐ Yes ☐ No

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated. When you are done, please use the pre-paid envelope to return this questionnaire to NRC Picker Canada, 7100 Woodbine Ave, Suite 411, Markham ON L3R 5J2.

