

## CLIENT-CENTRED REHABILITATION QUESTIONNAIRE

### Instructions

Please **circle the one response** that is closest to what you think about your experience as a rehabilitation in-patient. The **program staff** includes all of the nursing staff, therapists, and physicians working in your in-patient rehabilitation program.

Please **circle one response** for each question. If this question does not apply to you, please circle the last column.

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?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Does not apply
1. The program staff and I decided together what would help me.	1	2	3	4	5	Does not apply
2. I had difficulty getting the health care information I needed.	1	2	3	4	5	Does not apply
3. I was kept well-informed about my progress in areas that were important to me.	1	2	3	4	5	Does not apply
4. My family/friends were given the support that they needed by the program staff.	1	2	3	4	5	Does not apply

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Does not apply
5. The program staff treated me as a person instead of just another case.	1	2	3	4	5	Does not apply
6. The program staff tried to accommodate my needs when scheduling my therapy.	1	2	3	4	5	Does not apply
7. I had to repeat the same information to the different program staff.	1	2	3	4	5	Does not apply
8. My physical pain was controlled as well as possible.	1	2	3	4	5	Does not apply
9. The program staff took my individual needs into consideration when planning my care.	1	2	3	4	5	Does not apply
10. I was given adequate information about support services in the community.	1	2	3	4	5	Does not apply
11. I accomplished what I expected in my rehabilitation program.	1	2	3	4	5	Does not apply
12. My family/friends were given the information that they wanted when they needed it.	1	2	3	4	5	Does not apply
13. I was treated with respect and dignity.	1	2	3	4	5	Does not apply
14. My reports of pain were acknowledged by program staff.	1	2	3	4	5	Does not apply

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Does not apply
15. My treatment needs, priorities and goals were important to the program staff.	1	2	3	4	5	Does not apply
16. The program staff and I discussed my progress together and made changes as necessary.	1	2	3	4	5	Does not apply
17. My family/friends received information to assist in providing care for me at home.	1	2	3	4	5	Does not apply
18. I knew who to contact if I had problems or questions during my rehabilitation program.	1	2	3	4	5	Does not apply
19. I had adequate time for rest and sleep.	1	2	3	4	5	Does not apply
20. I was encouraged to participate in setting my goals.	1	2	3	4	5	Does not apply
21. I received the information that I needed when I wanted it.	1	2	3	4	5	Does not apply
22. I learned what I needed to know in order to manage my condition at home.	1	2	3	4	5	Does not apply
23. My family and friends were treated with respect.	1	2	3	4	5	Does not apply
24. I know who to contact if I have problems following discharge.	1	2	3	4	5	Does not apply

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Does not apply
25. Treatment choices were fully explained to me.	1	2	3	4	5	Does not apply
26. My therapy program was explained to me in a way that I could understand.	1	2	3	4	5	Does not apply
27. My family/friends were involved in my rehabilitation as much as I wanted.	1	2	3	4	5	Does not apply
28. I felt comfortable expressing my feelings to program staff.	1	2	3	4	5	Does not apply
29. I was told what to expect when I got home.	1	2	3	4	5	Does not apply
30. Program staff tried to ensure my comfort.	1	2	3	4	5	Does not apply
31. My emotional needs (worries, fears, anxieties) were recognized and taken seriously by the program staff.	1	2	3	4	5	Does not apply
32. My therapists, nurses and doctors worked well together.	1	2	3	4	5	Does not apply
33. There were times when I received more information than I was ready for.	1	2	3	4	5	Does not apply

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