

## Experience of Reablement Questionnaire

We would like to know about your **overall experience** of the visits you have had from your reablement worker(s). Please read each question and **tick the appropriate box (☑)**.

**1. Did you understand that the reablement sessions were aiming to help you become as independent as possible?**

Yes

No

**2. During your reablement, did you know you had specific goals that you were working towards?**

Yes

No

**3. Were you involved in setting the goals to help you become as independent as possible?**

Yes

No

**4. Did the reablement workers motivate you to work towards being as independent as possible?**

Yes

No

**5. Every now and again, did the reablement workers review your progress with you?**

Yes

No

**6. Did you look forward to your reablement worker's visits?**

Yes

No