

1. Basic information

Client's personal identity code Family name and given name

Type of rehabilitation

Start date

Service provider

Date of reply (client and service
provider)**2. The replies concern the following stage of rehabilitation:**

- 1 ☐ Initial stage of rehabilitation
2 ☐ Concluding stage of rehabilitation
3 ☐ Follow-up stage of rehabilitation

3. Questions 1–3 (for the client)

To be completed by the client at the initial and concluding stages, and at the follow-up stage of vocational rehabilitation supporting the integration into work.

Question 1: This question is about your ability to work or study. On a scale where 10 is the best that your ability to work or study has ever been, how would you rate it now?

Indicate the number that best represents your current ability to work or study.

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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Question 2: Do you think it is likely that, two years from now, you will be healthy enough to work in a job that matches your qualifications and experience? (If you are a student, estimate your ability to study or your ability to work in your intended occupation.)

Please tick the appropriate alternative.

- 1 ☐ Unlikely 2 ☐ Not sure 3 ☐ Quite likely

Question 3: Coping with work and educational demands

Please tick the appropriate alternative.

- 1 ☐ I am coping well with the demands I face in my job or as part of my education.
2 ☐ I am coping fairly well with the demands I face in my job or as part of my education.
3 ☐ I have some problems coping with the demands I face in my job or as part of my education.
4 ☐ I have major problems coping with the demands I face in my job or as part of my education.
5 ☐ I am neither in work nor education.

4. Questions 4–6 (for the service provider)

Questions 4-6 should be answered by the specialist who provided the rehabilitation at the end of the rehabilitation process only (The client must first answer the questions addressed to him/her.)

Question 4: In your opinion, how useful was this rehabilitation process to the client?

Tick the alternative that best describes your opinion.

1 ☐ Very useful 2 ☐ Quite useful 3 ☐ Somewhat useful 4 ☐ Not very useful 5 ☐ Not useful at all

Question 5: How would you describe the timing of the rehabilitation process, considering its goal of maintaining the client's functional status?

Tick the alternative that best describes your opinion.

1 ☐ Too early 2 ☐ Just right 3 ☐ Too late

Question 6: How would you describe the timing of the rehabilitation process, considering its goal of maintaining the client's ability to work and study?

Tick the alternative that best describes your opinion.

1 ☐ Too early 2 ☐ Just right 3 ☐ Too late 4 ☐ Cannot say

5. Questions 7 and 8 (for the client)

Sections 7 and 8 are completed by the rehabilitation client only in the concluding and follow-up stages of vocational rehabilitation supporting the integration into work and at the end of job coaching and work try-out (services starting in 2025), Nuotti coaching and Taito rehabilitation.

Question 7: Did the rehabilitation help you find work or education?

1 ☐ Yes 2 ☐ No 3 ☐ Cannot say

Question 8: Tick the alternative that best describes your current situation.

- 1 ☐ I have an open-ended employment contract (part or full time).
- 2 ☐ I have a fixed-term employment contract (part or full time).
- 3 ☐ I am self-employed on a part or full time basis.
- 4 ☐ I am working without an employment contract (e.g. rehabilitative work activity).
- 5 ☐ I have been admitted to school.
- 6 ☐ I am applying for work or education.
- 7 ☐ I am not looking for work or education.

6. Signature of the client (questions 1–3 and 7–8)

Place and date

Signature

7. Signature of the service provider's representative (questions 4–6)

Signature and professional title of the specialist who provided the rehabilitation

Place and date

Signature

