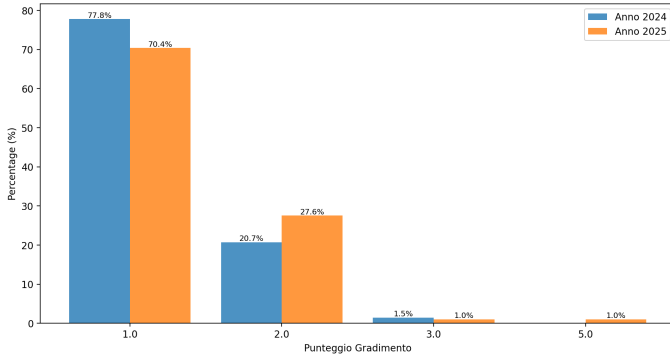


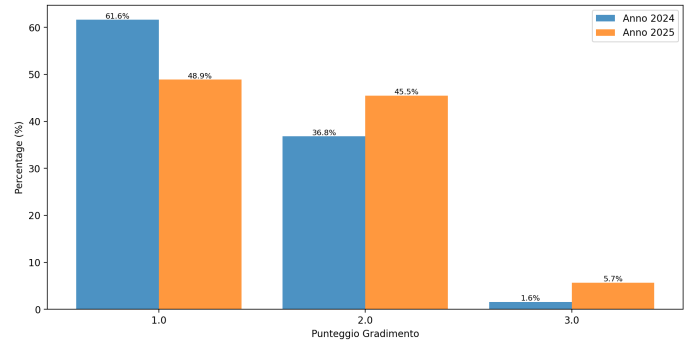
Estrazione Report Customer Satisfaction

No. Questionari Registrati nel Periodo: 237

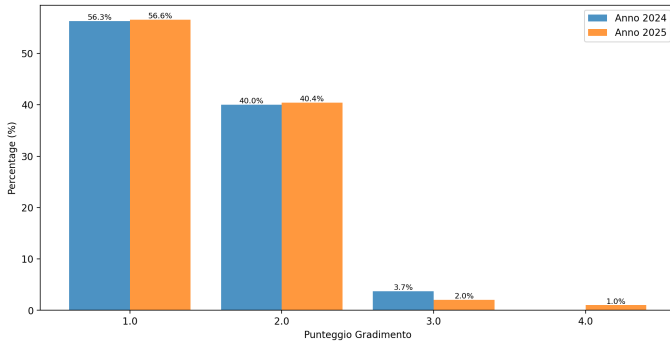
E' soddisfatto/a dell'accoglienza e delle informazioni ricevute?



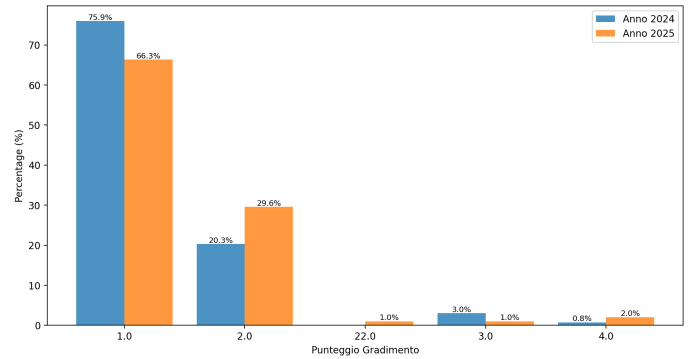
E' soddisfatto/a della Carta dei Servizi (indicazioni in merito ai servizi disponibili e alle modalità e alle modalità per usufruirne)



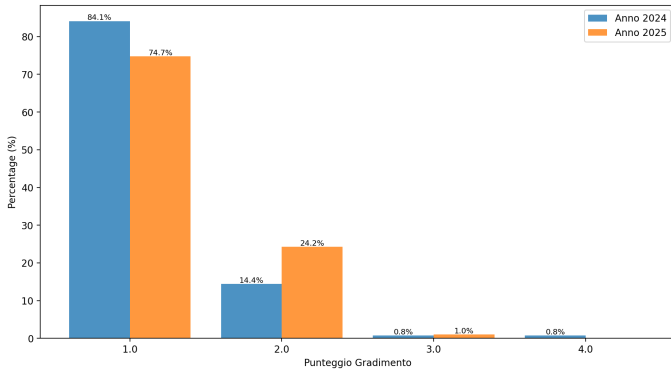
E' soddisfatto/a degli orari di apertura al pubblico degli uffici amministrativi e dell'accessibilità alle informazioni?



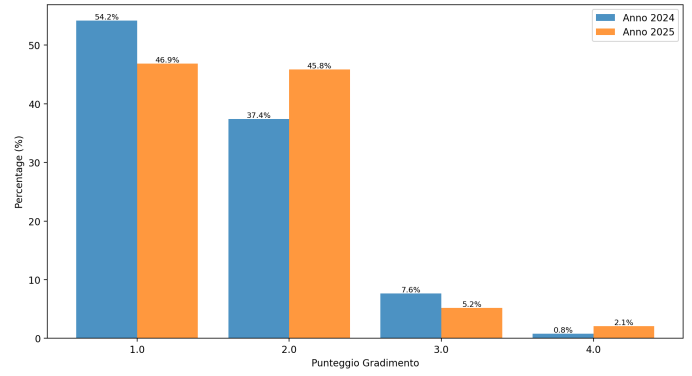
Nelle eventuali comunicazioni telefoniche gli operatori sono stati attenti e precisi nel dare risposte alle sue domande?



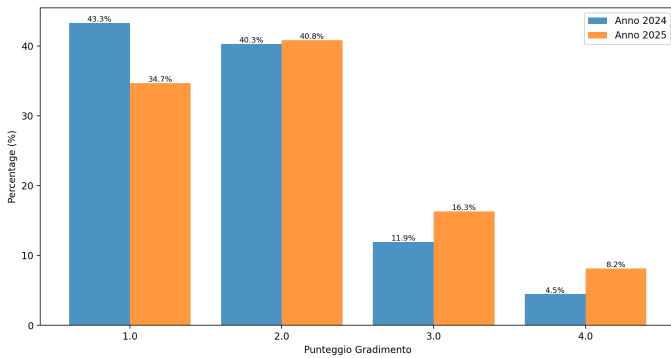
Disponibilità e cortesia degli operatori



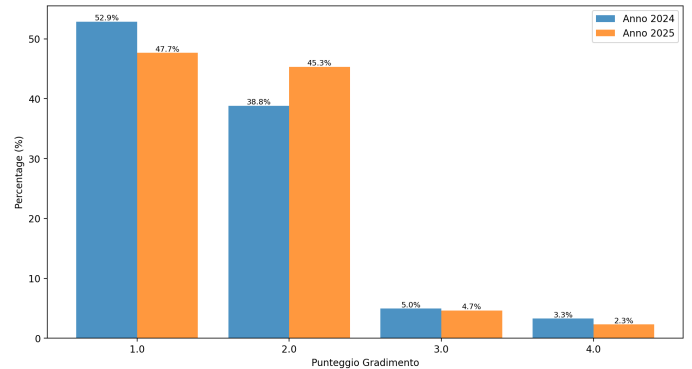
E' soddisfatto complessivamente degli ambienti del Centro?

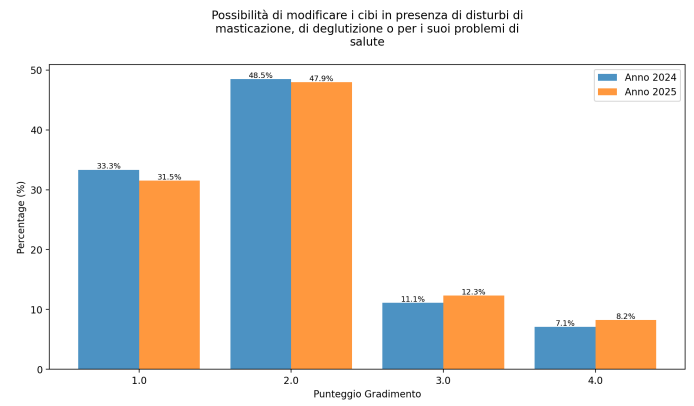
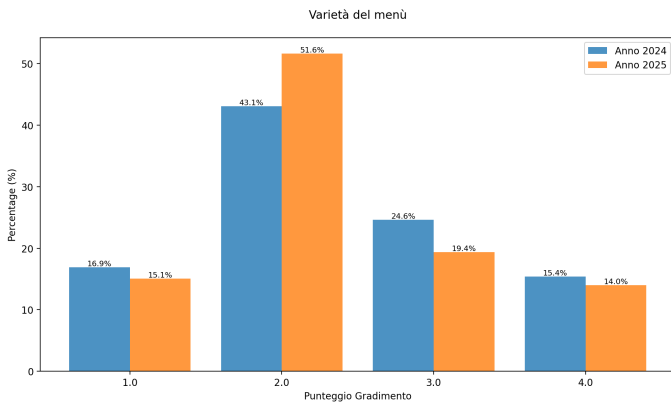
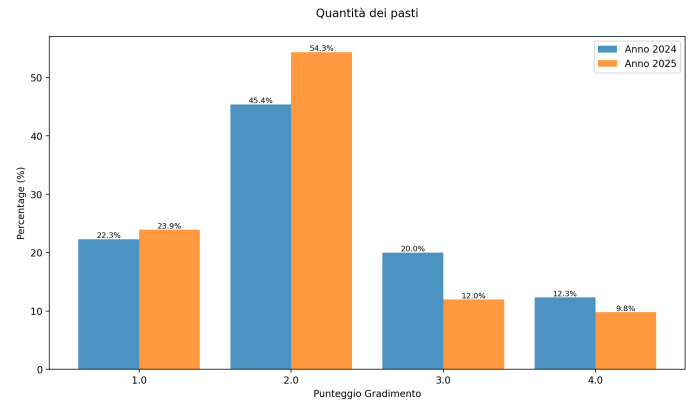
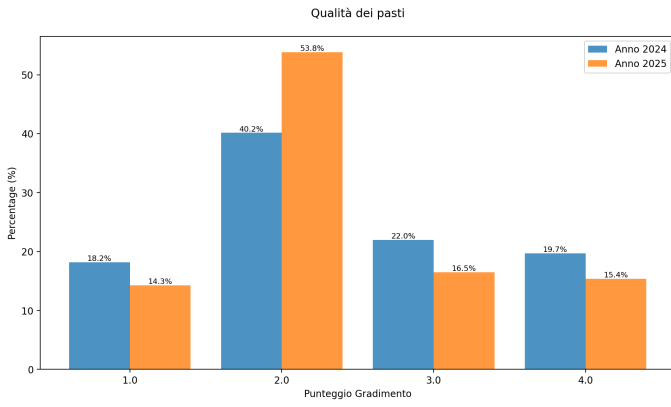


È soddisfatto della cura dedicata alla pulizia dei servizi igienici e degli ambienti?

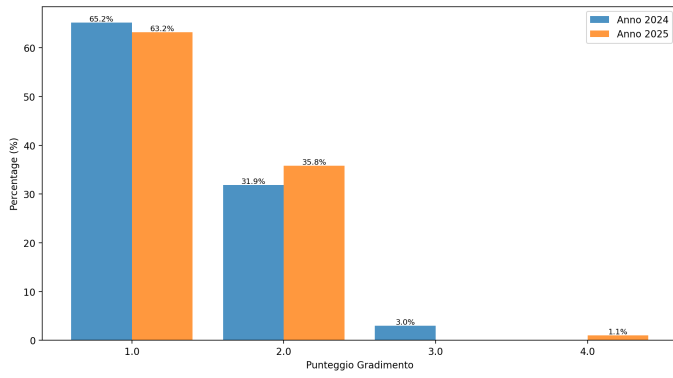


È soddisfatto della cura dedicata all'igiene personale?

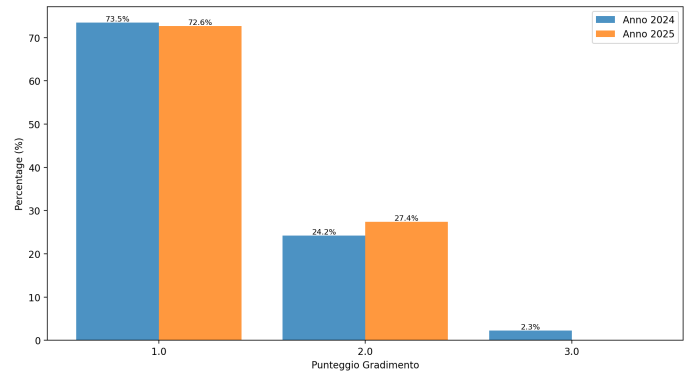




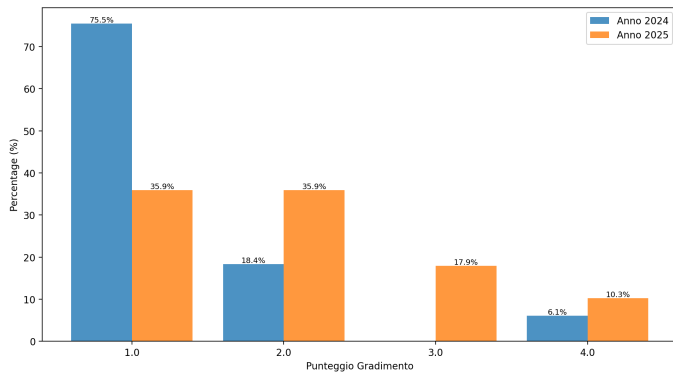
Orari di apertura



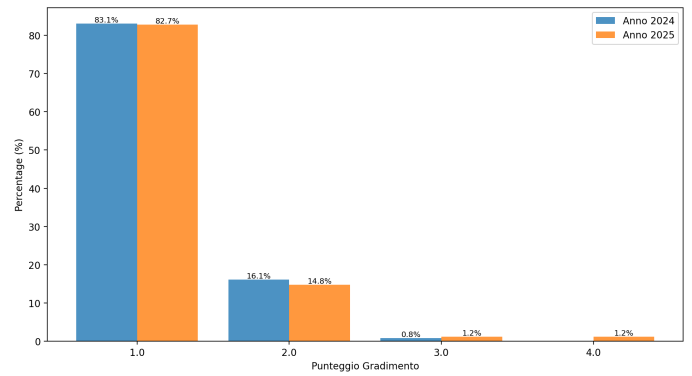
Giorni di apertura



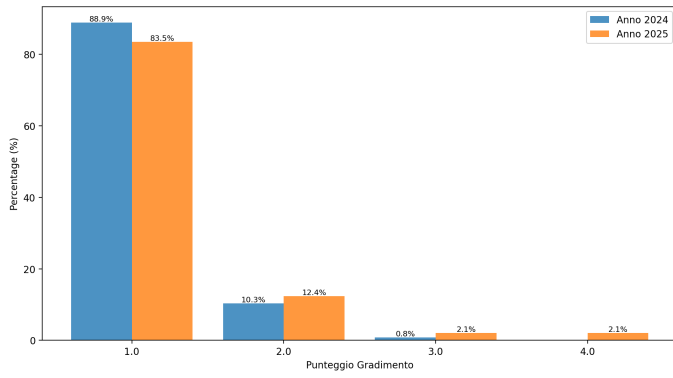
Servizio di trasporto (se presente ed utilizzato)



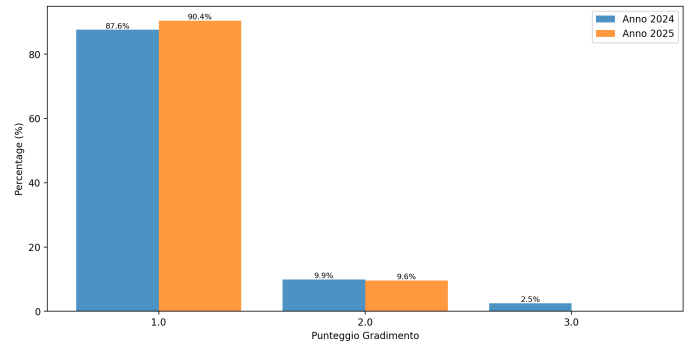
Personale Educativo



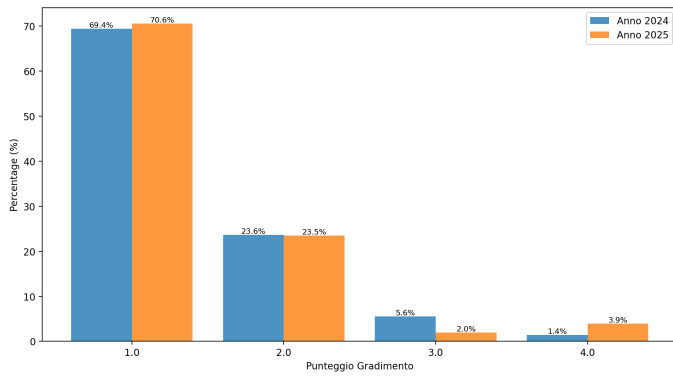
Personale infermieristico



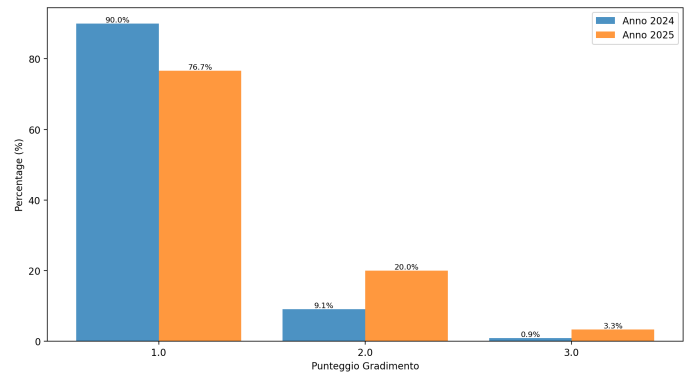
Tecnici della riabilitazione (Logopedista - neuropsicomotricista / fisioterapisti, terapisti occupazionali)



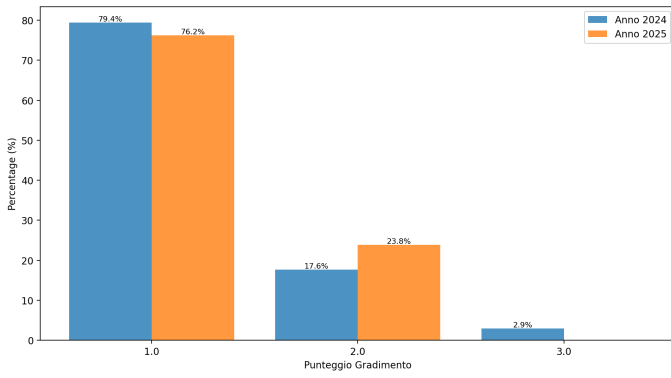
Psicologi/pedagogisti



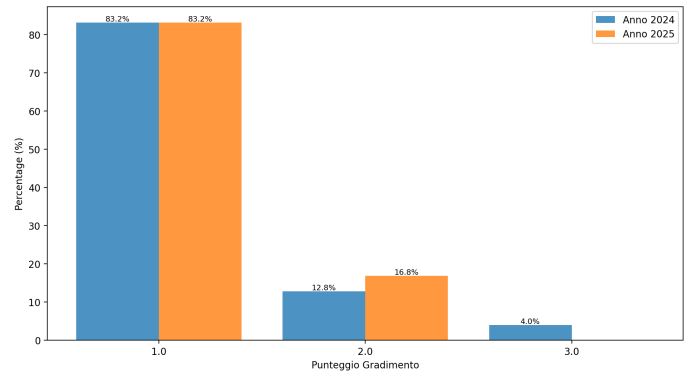
Personale assistenziale (ASA - OSS)



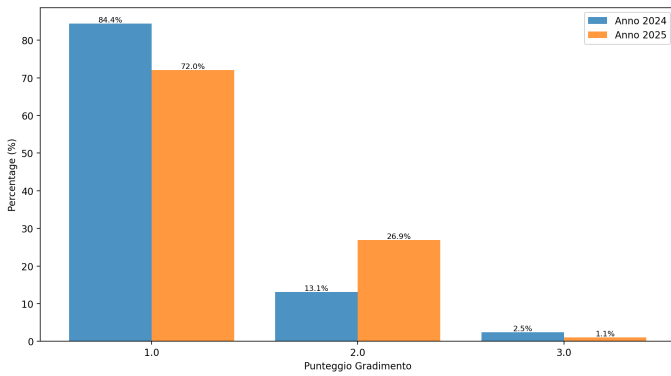
Animatore (se presente)



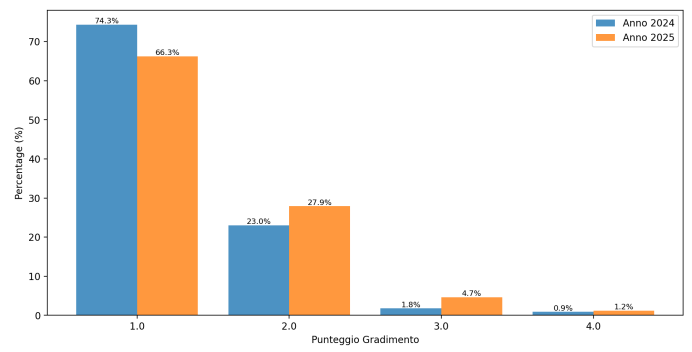
Personale medico



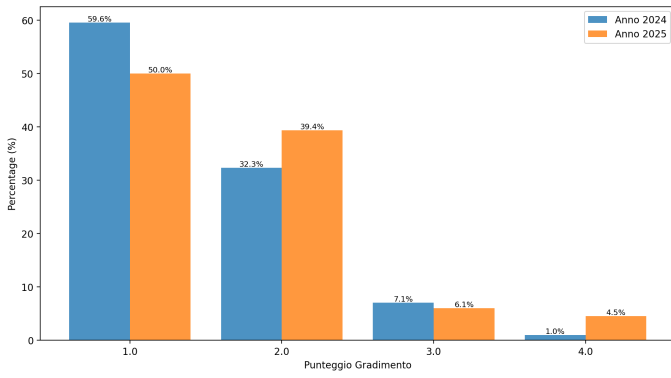
Personale di coordinamento



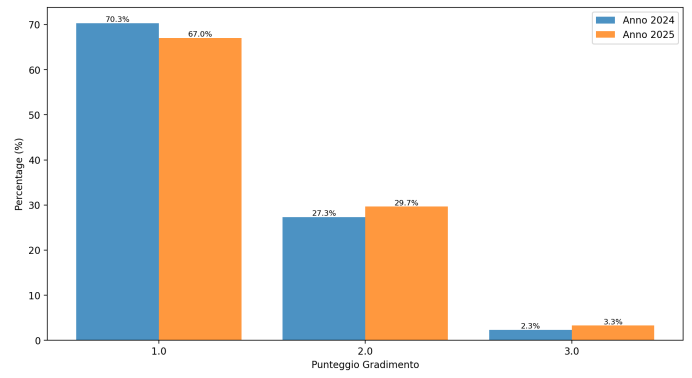
Si sente coinvolto nel programma di assistenza individuale /progetto riabilitativo individuale/ Progetto educativo individuale ?



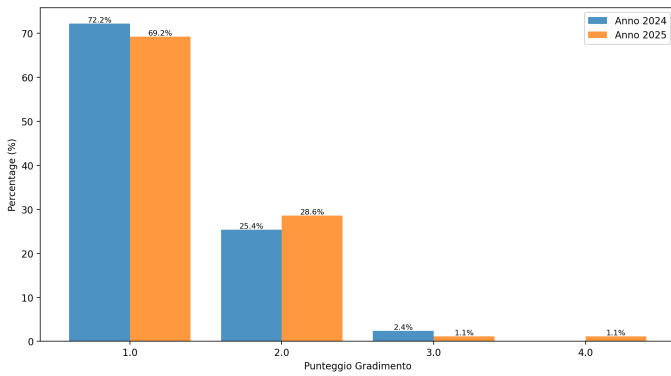
E' soddisfatto delle attività socioeducative



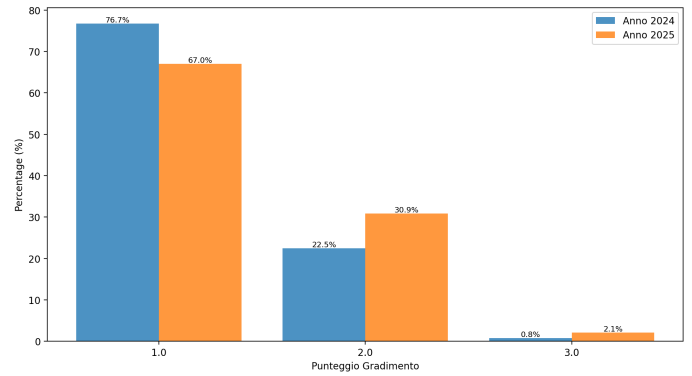
E' soddisfatto delle attività riabilitative proposte?



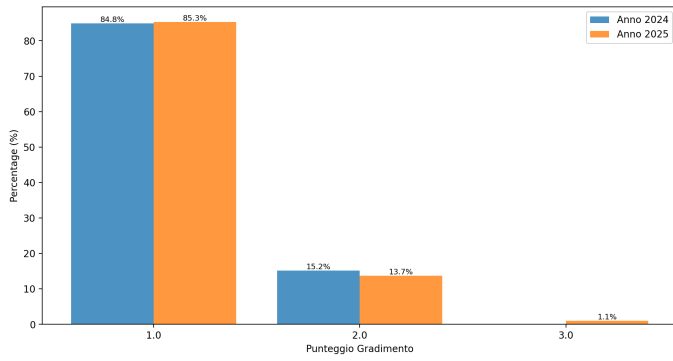
Come valuta il rispetto della riservatezza personale?



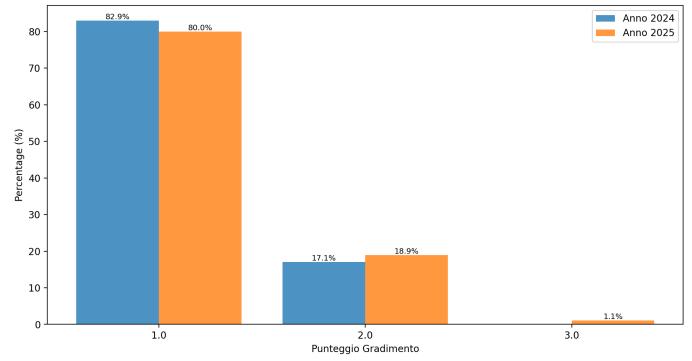
E' soddisfatto del rapporto umano con gli altri utenti



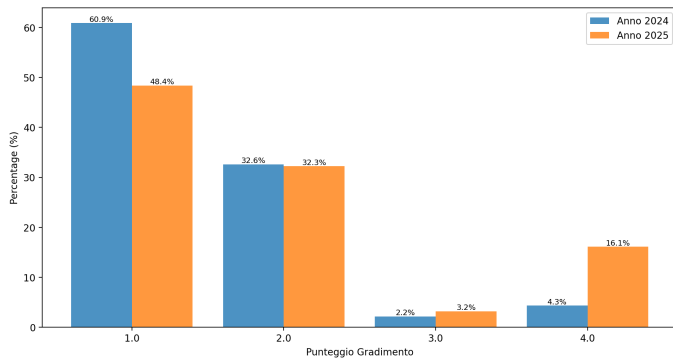
È soddisfatto del rapporto umano che si è creato con il personale?



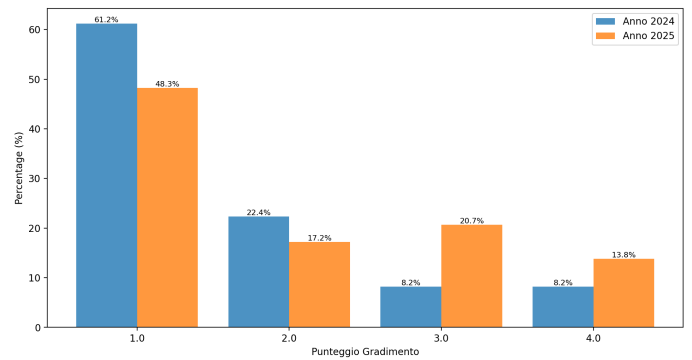
Percepisce cortesia, disponibilità ed umanità da parte del personale?



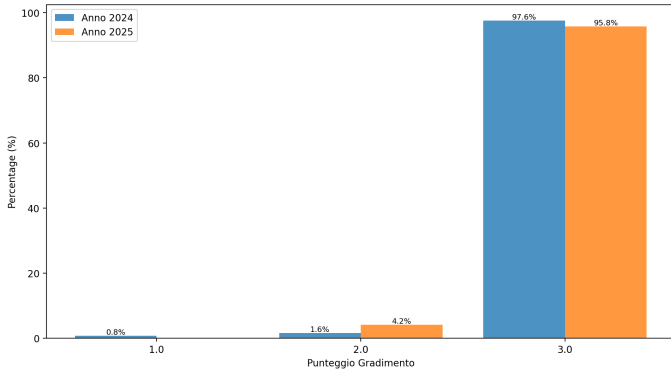
È soddisfatto delle eventuali attività svolte da remoto (teleriabilitazione, altro...)?



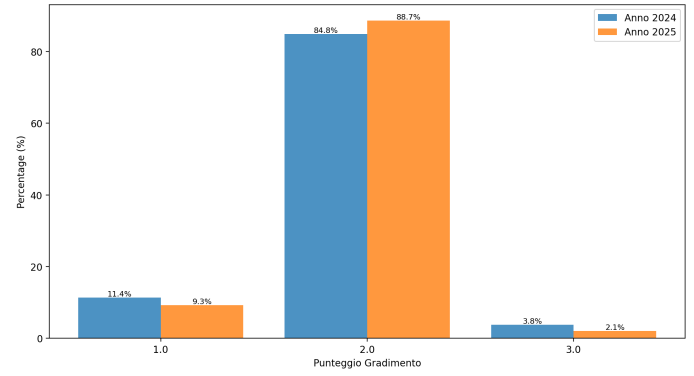
Se ce ne fosse l'opportunità, vorrebbe usufruire della teleriabilitazione in futuro?



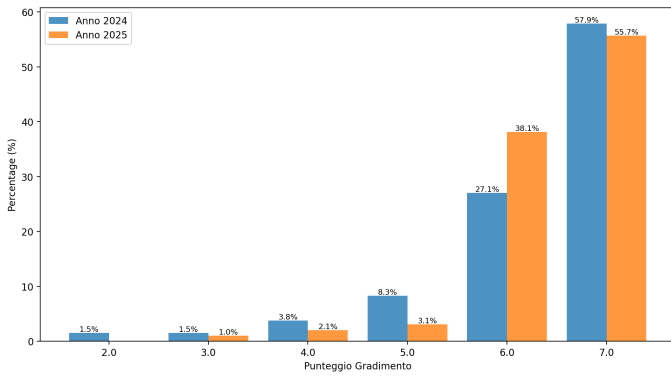
Quanti giorni alla settimana frequenta il servizio?



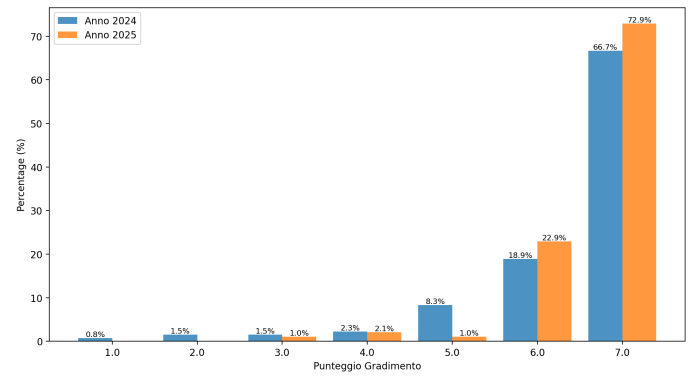
Quante ore al giorno frequenta il servizio?



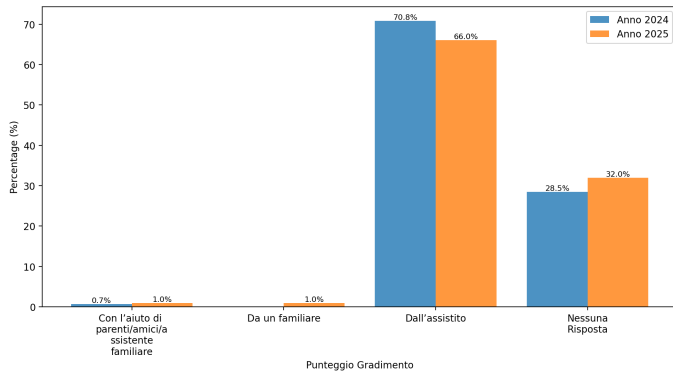
Come valuta complessivamente il servizio offerto?



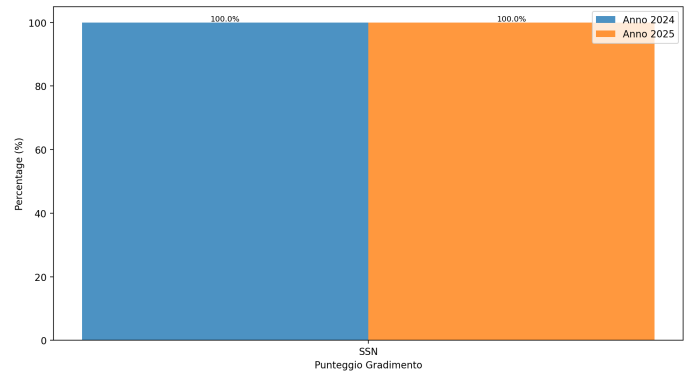
Consiglierebbe ad altri questa struttura?



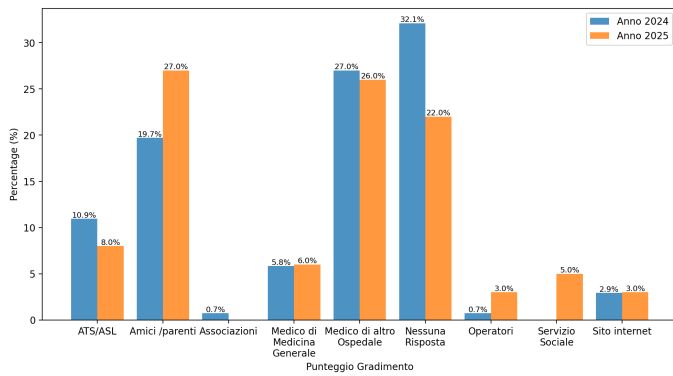
TEXT_Chi compila2



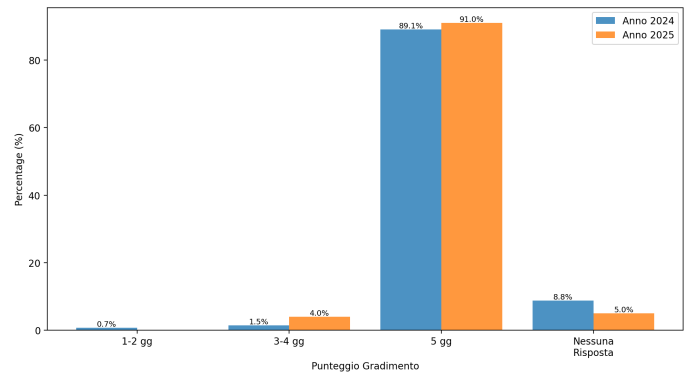
TEXT_Prestaz. Tramite3

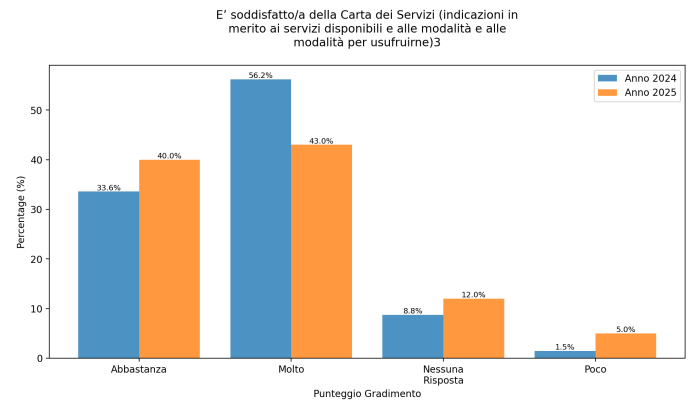
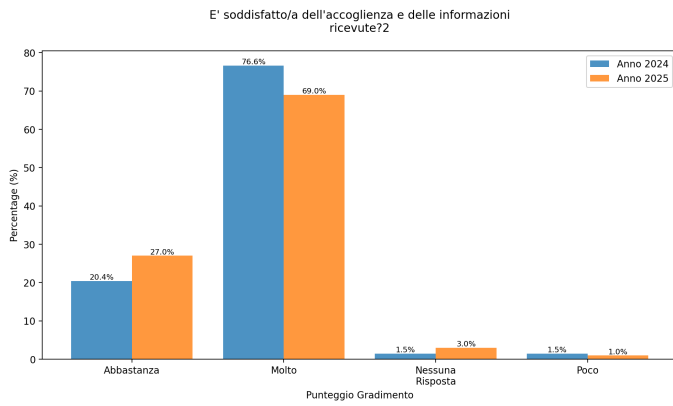
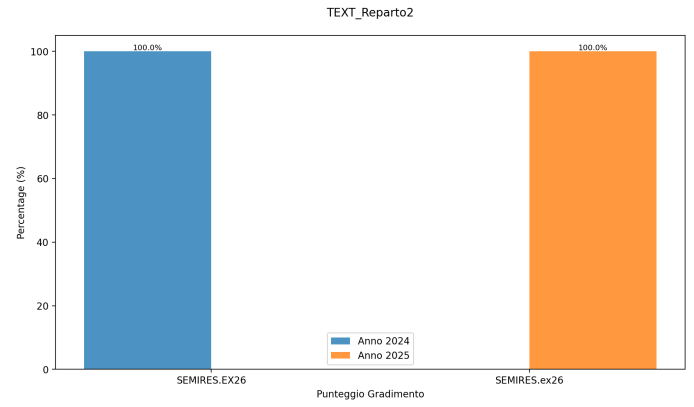
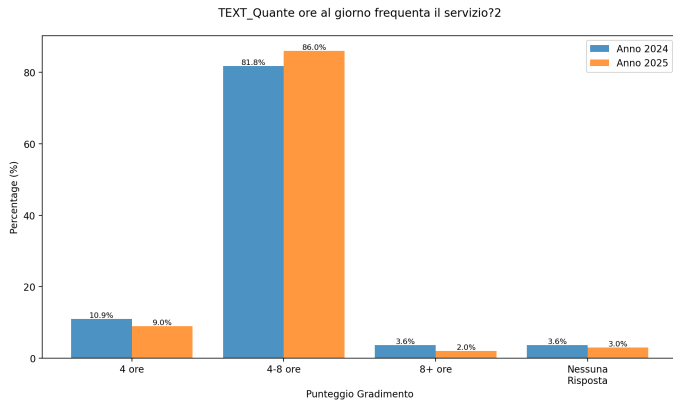


TEXT_Da chi è venuto a conoscenza della nostra struttura2

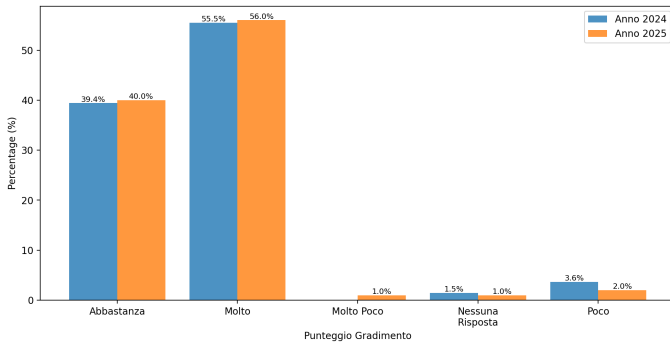


TEXT_Quanti giorni alla settimana frequenta il servizio?2

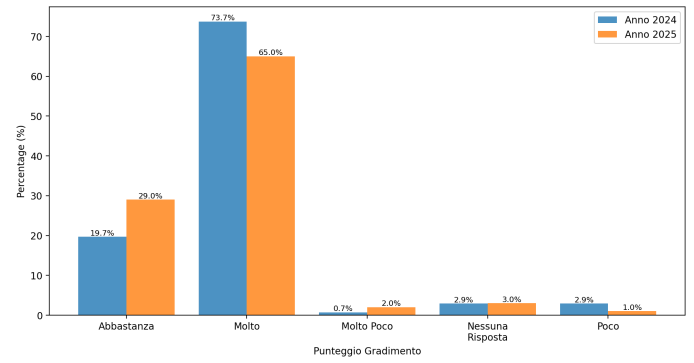




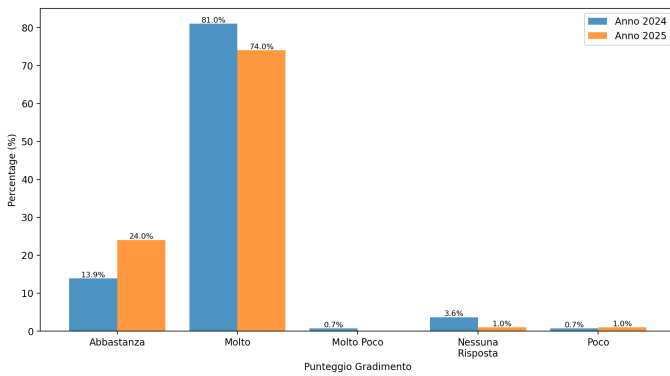
E' soddisfatto/a degli orari di apertura al pubblico degli uffici amministrativi e dell'accessibilità alle informazioni?4



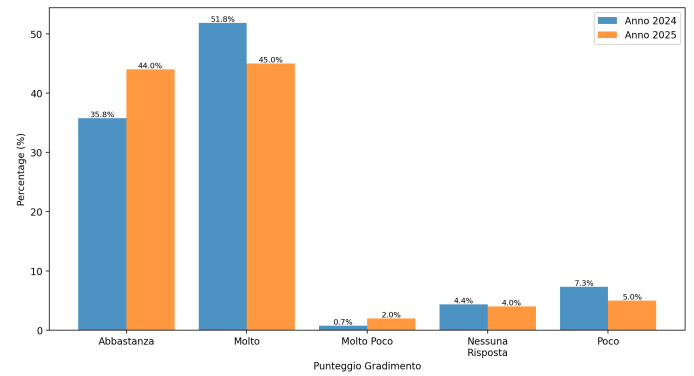
Nelle eventuali comunicazioni telefoniche gli operatori sono stati attenti e precisi nel dare risposte alle sue domande?5



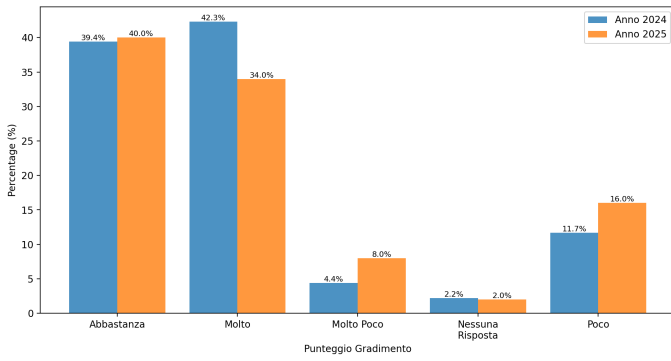
Disponibilità e cortesia degli operatori6



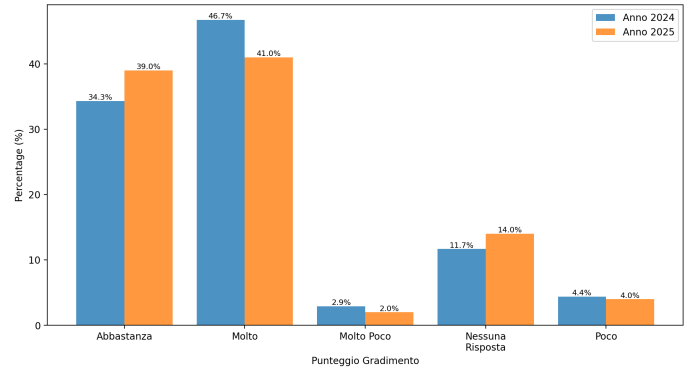
E' soddisfatto complessivamente degli ambienti del Centro?7



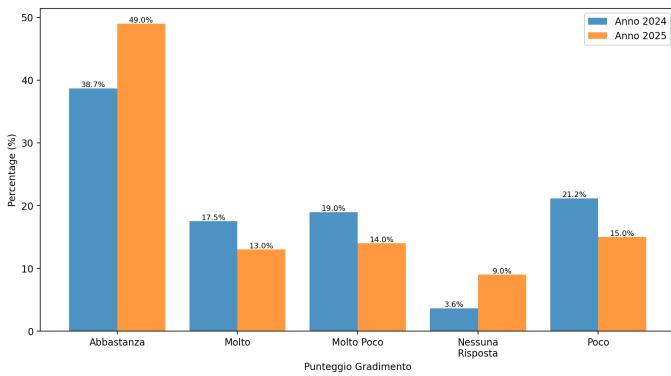
È soddisfatto della cura dedicata alla pulizia dei servizi igienici e degli ambienti? 8



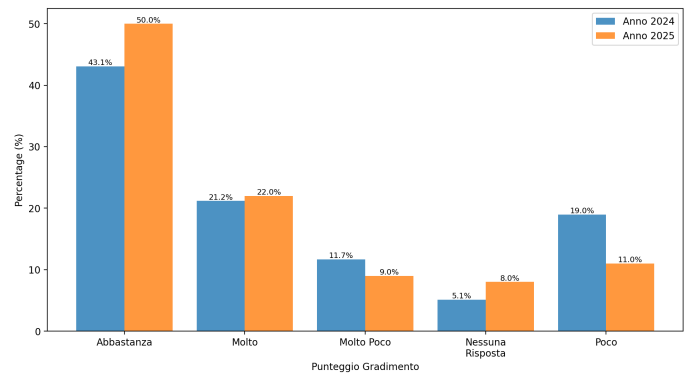
È soddisfatto della cura dedicata all'igiene personale? 9



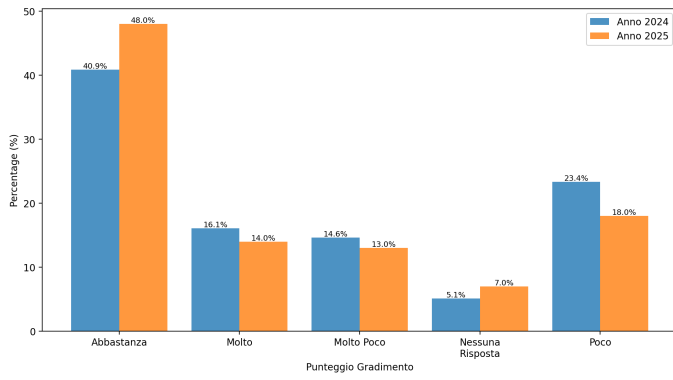
Qualità dei pasti10



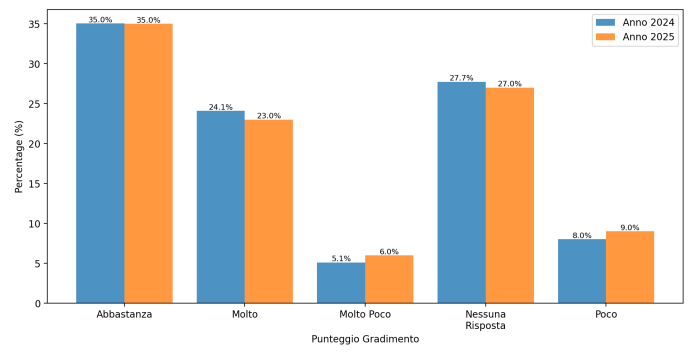
Quantità dei pasti11



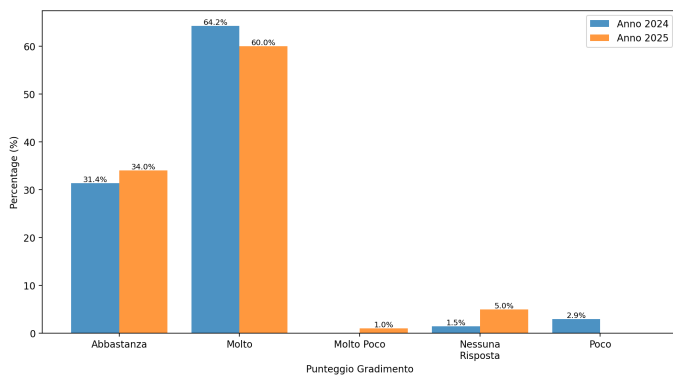
Varietà del menù¹²



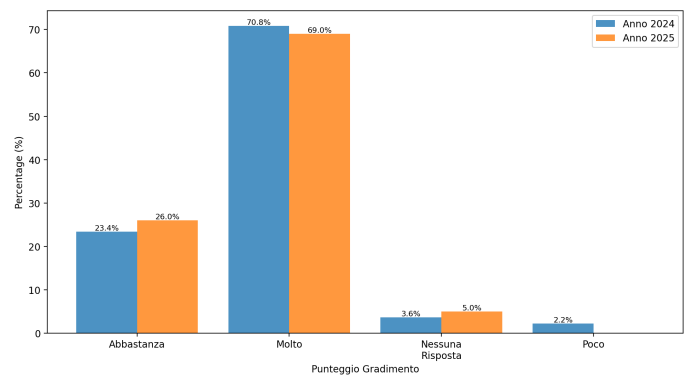
Possibilità di modificare i cibi in presenza di disturbi di masticazione, di deglutizione o per i suoi problemi di salute¹³



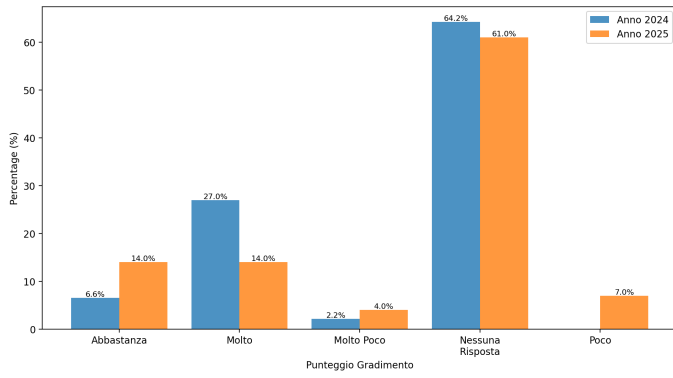
Orari di apertura¹⁴



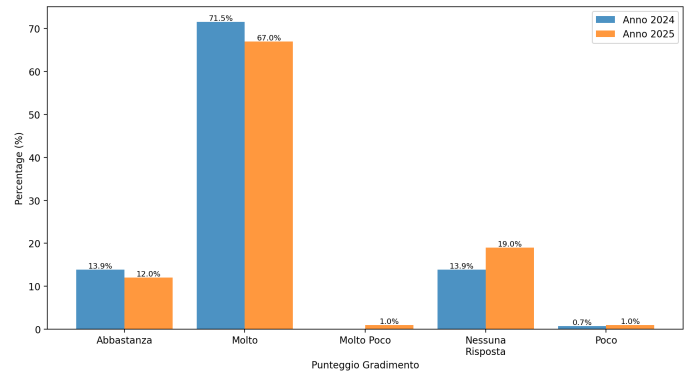
Giorni di apertura¹⁵



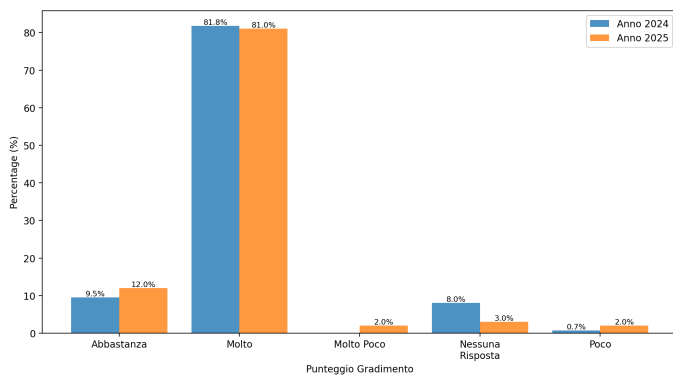
Servizio di trasporto (se presente ed utilizzato)16



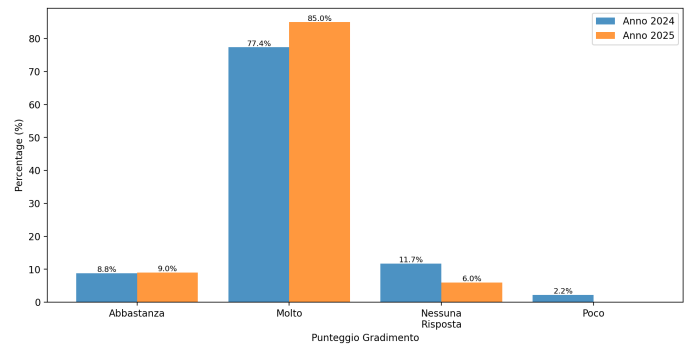
Personale Educativo17



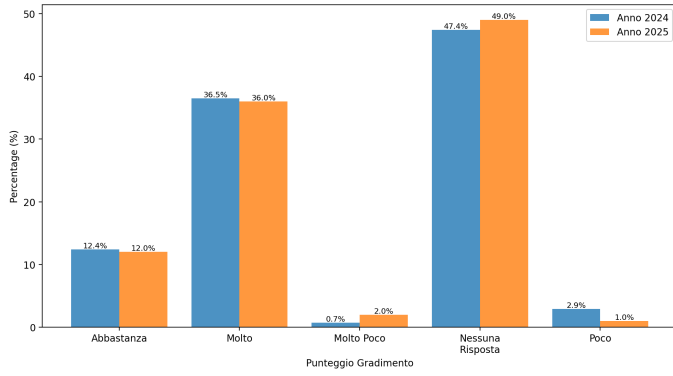
Personale infermieristico18



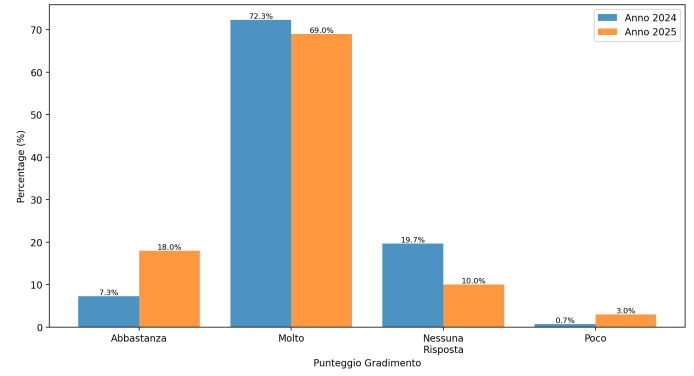
Tecnici della riabilitazione (Logopedista - neuropsicomotricista / fisioterapisti, terapisti occupazionali)19



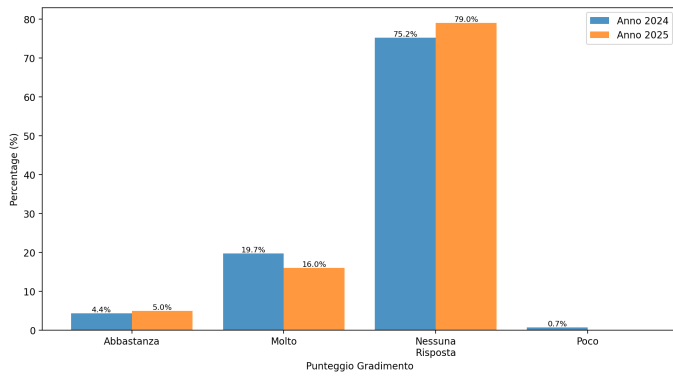
Psicologi/pedagogisti20



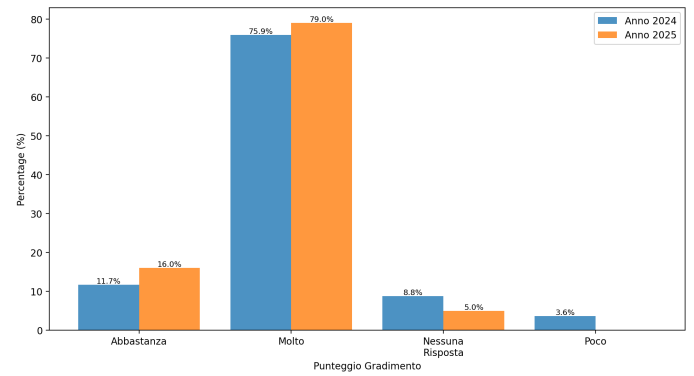
Personale assistenziale (ASA - OSS)21



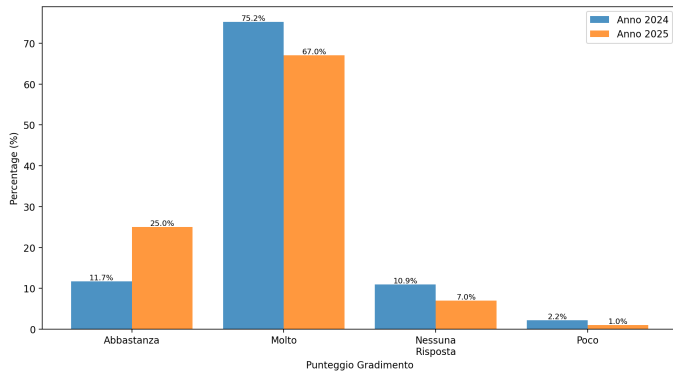
Animatore (se presente)22



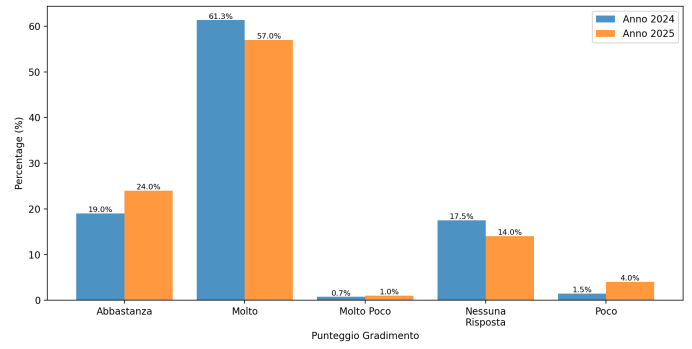
Personale medico23



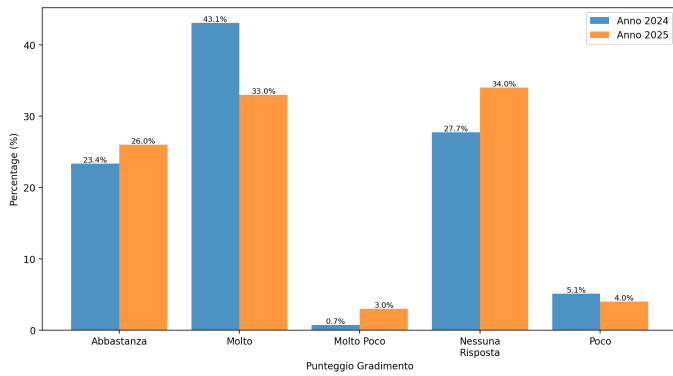
Personale di coordinamento24



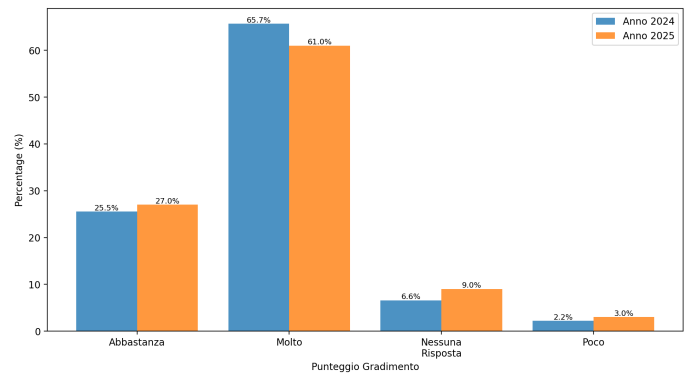
Si sente coinvolto nel programma di assistenza individuale /progetto riabilitativo individuale/ Progetto educativo individuale ?25



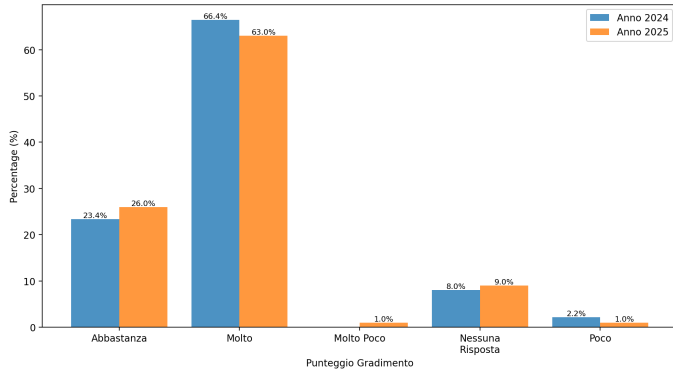
E' soddisfatto delle attività socioeducative26



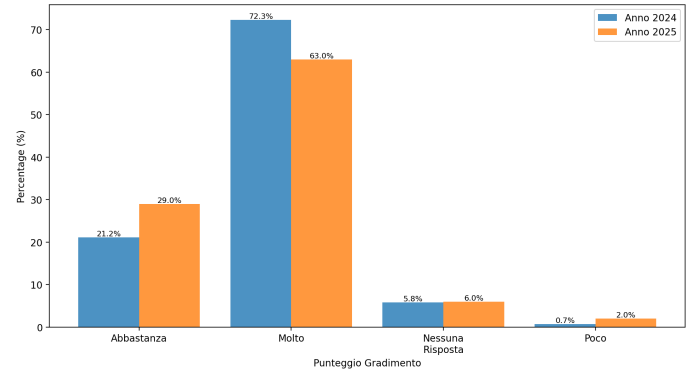
E' soddisfatto delle attività riabilitative proposte?27



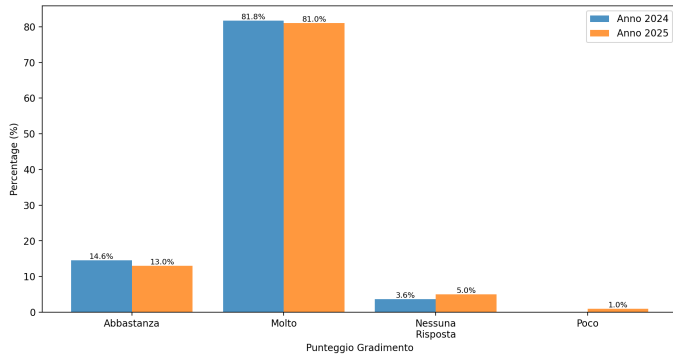
Come valuta il rispetto della riservatezza personale?28



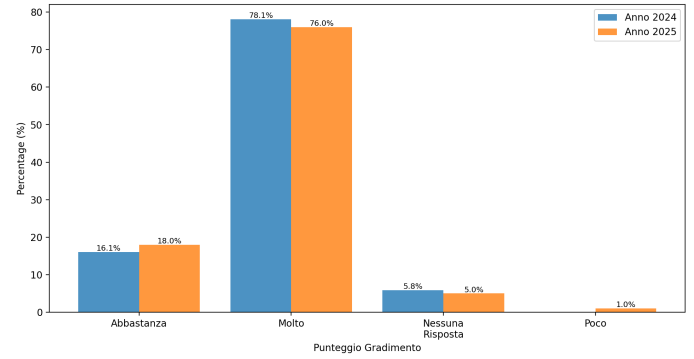
E' soddisfatto del rapporto umano con gli altri utenti?29



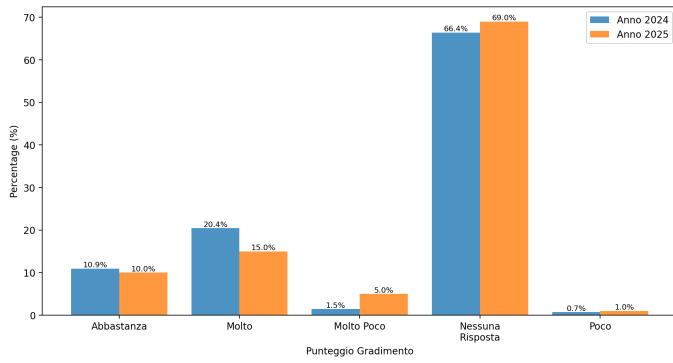
E' soddisfatto del rapporto umano che si è creato con il personale?30



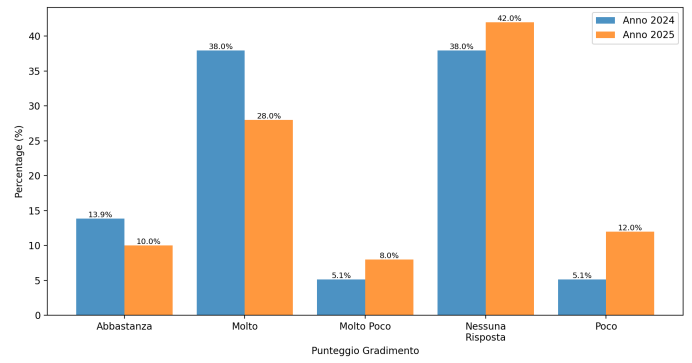
Percepisce cortesia, disponibilità ed umanità da parte del personale?31



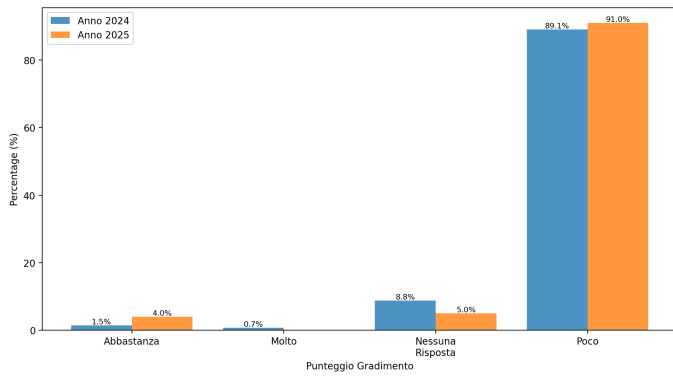
E' soddisfatto delle eventuali attività svolte da remoto (teleriabilitazione, altro...)?32



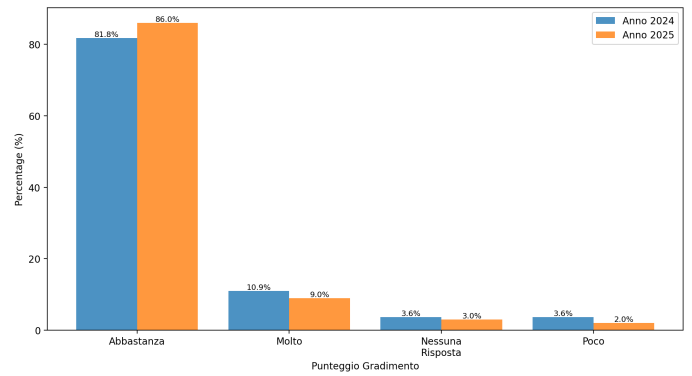
Se ce ne fosse l'opportunità, vorrebbe usufruire della teleriabilitazione in futuro?33



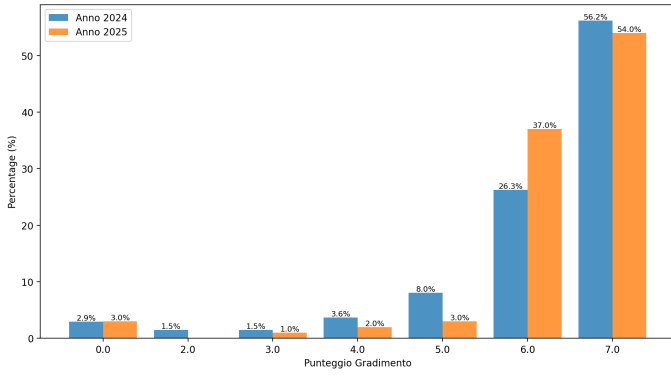
Quanti giorni alla settimana frequenta il servizio?34



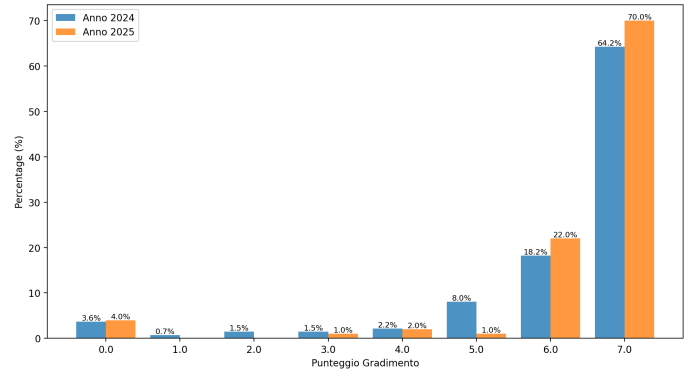
Quante ore al giorno frequenta il servizio?35



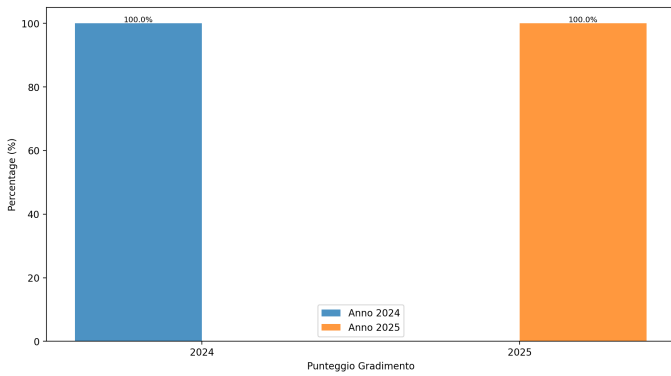
Come valuta complessivamente il servizio offerto?36



Consiglierebbe ad altri questa struttura?37



TEXT_Anno



TEXT_Area

