

<p>4. Since beginning rehab at this facility, how would you describe the <u>change</u> in your ACTIVITY LIMITATIONS, SYMPTOMS, EMOTIONS and OVERALL QUALITY OF LIFE related to your post-concussive condition? Select one of the options below:</p>						
1. No change (or condition has gotten worse)	2. Almost the same, hardly any change at all	3. A little better, but no noticeable change	4. Somewhat better, but change has not made any real difference	5. Moderately better, and a slight but noticeable change	6. Better and a definite improvement that has made a real and worthwhile difference	7. A great deal better and a considerable improvement that has made all the difference
<p>5. Any other Feedback? (Here you are invited to give feedback about specific team members)</p>						
<p>If you would like us to follow-up with you on any of these matters, please provide your name and contact information (optional):</p>						

Please use the link (<https://www.surveymonkey.com/r/communitysurveynew>), or you can email, fax or post your feedback back to us in the Freepost envelope.

If you would prefer to talk to one of our Managers, please call:
 Kristen Clarke **04 240 0122** (Wellington),
 Rachelle Bennett **09 215 8327** (Auckland),
 Deborah Andrews (General Manager Community Services) **09 826 4004**

Thank you for your feedback!