**Appendix A. Survey Questions**

**To help us better understand the impact that the closure of Specialty Rehabilitation Inc services has had on you, please answer the following questions below.**

1. Please use the attached “Distress Thermometer” as a guide. Rate your level of distress at the following times:
	1. When notified rehabilitation services would be closed: \_\_\_\_\_\_\_\_\_\_
	2. Current Distress: \_\_\_\_\_\_\_\_\_\_
2. Please identify the quality of your sleep level throughout the last week, compared to the week prior to Specialty Rehabilitation Inc closure: \_\_\_\_\_\_\_\_\_

0 10 20 30 40 50% 60 70 80 90 100%

No sleep disturbance

Unable to experience refreshing sleep

50% sleep difficulties

1. Please identify your physical activity level in the last week, compared to the week prior to Specialty Rehabilitation Inc closure: \_\_\_\_\_\_\_\_\_

0 10 20 30 40 50% 60 70 80 90 100%

Physical activity level is the same

Physical activity is 50% of previous level

Unable to perform

1. Please rate your current level of fatigue on the scale below: \_\_\_\_\_\_\_

0 10 20 30 40 50 60 70 80 90 100

No Fatigue

Complete Exhaustion