

Alpha Hospital

FAMILY

Please use the enclosed envelope and mail the completed survey to:
NRC Health
Survey Processing Center
PO BOX 82660
Lincoln, NE 68501-2660
1-800-733-6714

SURVEY INSTRUCTIONS

Please answer the following questions about your experience.

1. Does staff really care about your loved one?⁵⁹⁷⁰²

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

2. Does staff listen to you?⁵⁹⁶⁹⁸

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

3. Does staff respect your loved one's personal choices and preferences?⁵⁹⁷⁰⁴

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

4. Are staff aware of your loved one's important health needs?⁵⁹⁶⁸²

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

5. Do staff have the training and knowledge to meet your loved one's care needs?⁶⁰³¹⁵

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

6. Are your concerns responded to in a timely manner?⁶⁰³¹⁷

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

7. Are you treated with courtesy and respect?⁵⁹⁶⁸⁶

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

8. Are you kept informed about your loved one's services and care?⁵⁹⁷¹²

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

9. Do you trust the staff?⁵⁹⁶⁹⁴

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

10. Is the dining experience enjoyable?⁵⁹⁷²²

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

11. Do activities, services, and programs support your loved one's health and wellbeing?⁶⁰³⁴³

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely

12. Do you feel your loved one is safe and secure?⁶⁰³¹⁶

- ① No
- ② Yes, somewhat
- ③ Yes, mostly
- ④ Yes, definitely



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OVERALL IMPRESSIONS

The following three questions are part of a national initiative to measure the quality of skilled nursing care centers.

13. In recommending this facility to your friends and family, how would you rate it overall?⁵¹⁷⁹¹

- ① Poor
- ② Average
- ③ Good
- ④ Very Good
- ⑤ Excellent

14. Overall, how would you rate the staff?⁵¹⁷⁹²

- ① Poor
- ② Average
- ③ Good
- ④ Very Good
- ⑤ Excellent

15. How would you rate the care your family member receives?⁵¹⁷⁹³

- ① Poor
- ② Average
- ③ Good
- ④ Very Good
- ⑤ Excellent

OVERALL RATING

16. How likely would you be to recommend this facility to your family and friends?⁵⁹⁶⁷⁰

- ① 0 Not at all likely
- ① 1
- ② 2
- ③ 3
- ④ 4
- ⑤ 5
- ⑥ 6
- ⑦ 7
- ⑧ 8
- ⑨ 9
- ⑩ 10 Extremely Likely

17. What else would you like to say about your experience?

THANK YOU!

Please return the completed survey in the postage-paid envelope.

Mail the completed survey to: NRC Health Survey Processing Center, PO Box 82660, Lincoln, NE 68501-2660. NRC Health phone: 1-800-733-6714.

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