

Alpha Hospital

RESIDENT

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 you?⁵⁹⁷⁰⁰

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

2. Does staff listen to you?⁵⁹⁶⁹⁷

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

3. Does staff respect your personal choices and preferences?⁵⁹⁷⁰⁶

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

4. Are staff aware of your important health needs?⁵⁹⁶⁸⁰

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

5. Does the staff have the training and knowledge to meet your care needs?⁶⁰³¹⁸

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

6. Are your concerns responded to in a timely manner?⁶⁰³¹⁹

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

7. Are you treated with courtesy and respect?⁵⁹⁶⁸⁵

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

8. Are you kept informed about services and care?⁵⁹⁷¹⁰

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

9. Do you trust the staff?⁵⁹⁶⁹³

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

10. Is the dining experience enjoyable?⁵⁹⁷²¹

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

11. Do activities, services, and programs support your health and wellbeing?⁵⁹⁶⁹²

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

12. Do you feel safe and secure here?⁵⁹⁷¹⁶

- 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?⁵¹⁷¹³

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

14. Overall, how would you rate the staff?⁵¹⁷¹⁴

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

15. How would you rate the care you receive?⁵¹⁷¹⁵

- 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?⁵⁹⁶⁶⁹

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

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

ADDITIONAL QUESTIONS

18. Did someone help you complete this survey?⁵¹⁷⁴⁰

- 1 Yes
- 2 No → Thank you. Please return the completed survey in the postage-paid envelope.

19. How did that person help you? Select all that apply.⁵¹⁷⁴¹

- 1 Read the questions to me
- 2 Wrote down the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way
- 6 No one helped me complete this survey

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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