

<<Facility_Full>>

<<Facility_Name_1>>

DUE DATE: <<RETURN_DATE>>

<<Facility_Name_2>>

Family Satisfaction Survey

Instructions: Please blacken the circle that best corresponds to how you would rate this facility in the following areas. Blacken only one circle for each statement. If a statement does not apply, leave the circles blank.

INCORRECT: (checkmarks and partial circles) CORRECT: (solid black circle)

OVERALL RECOMMENDATION

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

- 0 1 2 3 4 5 6 7 8 9 10
O O O O O O O O O O O

Not at all likely

(Please choose one)

Extremely likely

Table with 5 columns: Question, NO, YES SOMEWHAT, YES MOSTLY, YES DEFINITELY. Rows 2-13 contain various staff and service-related questions.

PLEASE ANSWER QUESTIONS ON REVERSE SIDE

<<Barcode>>



<<Sort Position>>

<<Facility_Full>>

The Three Questions below are part of a national initiative to measure the quality of skilled nursing centers. There are 5 choices for each response, from "poor" to "excellent"

	POOR	AVERAGE	GOOD	VERY GOOD	EXCELLENT
14. In recommending this facility to your friends and family, how would you rate it overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Overall, how would you rate the staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How would you rate the care your family member received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please mail the survey using the pre-addressed, postage-paid envelope enclosed.
THANK YOU!

