<<Facility_Full>>

<<Facility_Name_1>>
<<Facility_Name_2>>
Family Satisfaction Survey

DUE DATE: <<RETURN_DATE>>

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.

OVERALL RECOMMENDATION 1. How likely would you be to recommend this facility to your family and friends? 3 6 7 0 1 2 5 8 9 10 \bigcirc Extremely Not at (Please choose one) likely all likely

		NO	YES SOMEWHAT	YES MOSTLY	YES DEFINITELY
2.	Does staff really care about your loved one?	0	0	0	0
3.	Does staff listen to you?	0	0	0	\circ
4.	Does staff know your loved one's personal choices, routines and preferences?	0	0	0	0
5.	Are staff aware of your loved one's personal health needs?	0	0	0	0
6.	Do you trust the staff?	0	\circ	\circ	\circ
7.	Are you treated with courtesy and respect?	0	0	0	0
8.	Do staff seem well trained and competent?	0	0	\circ	0
9.	Are your concerns addressed in a timely manner?	0	0	0	0
10.	Are you kept informed about your loved one's services and care?	0	0	0	0
11.	Do activities, services and programs support your loved one's health and wellbeing?	0	0	0	0
12.	Does your loved one feel safe and secure here?	0	0	0	0
13.	Is the dining experience enjoyable?	0	0	0	0

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"

In recommending this facility to 14. your friends and family, how would you rate it overall? 15. Overall, how would you rate the staff? How would you rate the care your			POOR	AVERAGE	GOOD	VERY GOOD	EXCELLENT
staff? How would you rate the care your	14.	your friends and family, how would	0	0	0	0	0
How would you rate the care your	15.	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	0
family member received?	16.		0	0	0	0	0

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

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

