<<Facility_Name_1>> <<Facility_Name_2>>

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.

Resident Satisfaction Survey

INCORRECT: 🛛 🛇 🗢 🕒 CORRECT: ●

OVERALL RECOMMENDATION

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

| Not at all likely | (Please choose one) | | | | | | | ł | Extremely likely | |
|----------------------|---------------------|---|---|---|---|---|---|---|---------------------|------------|
| \bigcirc | \bigcirc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | \bigcirc |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| | | NO | YES SOMEWHAT | YES MOSTLY | YES DEFINITELY |
|-----|---|----|--------------|------------|----------------|
| 2. | Does staff really care about you? | 0 | 0 | 0 | 0 |
| 3. | Does staff listen to you? | 0 | 0 | 0 | 0 |
| 4. | Does staff know your personal choices, routines and preferences? | 0 | 0 | 0 | 0 |
| 5. | Are staff aware of your personal health needs? | 0 | 0 | 0 | 0 |
| 6. | Do you trust the staff? | 0 | 0 | 0 | 0 |
| 7. | Are you treated with courtesy and respect? | 0 | 0 | 0 | 0 |
| 8. | Do staff seem well trained and competent? | 0 | 0 | 0 | 0 |
| 9. | Are your concerns addressed in a timely manner? | 0 | 0 | 0 | 0 |
| 10. | Are you kept informed about services and care? | 0 | 0 | 0 | 0 |
| 11. | Do activities, services and programs support your health and wellbeing? | 0 | 0 | 0 | 0 |
| 12. | Do you 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" | | | | | | | |
|--|--|------|---------|------|-----------|-----------|--|
| | | POOR | AVERAGE | GOOD | VERY GOOD | EXCELLENT | |
| 14. | In recommending this facility to your friends and family, how would you rate it overall? | 0 | 0 | 0 | 0 | 0 | |
| 15. | Overall, how would you rate the staff? | 0 | 0 | 0 | 0 | 0 | |
| 16. | How would you rate the care you receive? | 0 | 0 | 0 | 0 | 0 | |

17. Did someone help you complete this survey?

- \bigcirc Yes
- \bigcirc No (if no, skip to question 18.)
- 18. How did that person help you? (Check all that apply.)
 - $\, \bigcirc \,$ Read the questions to me
 - \bigcirc Wrote down the answers I gave
 - $\,\bigcirc\,$ Answered the questions for me
 - $\, \odot \,$ Translated the questions into my language
 - \bigcirc Helped in some other way

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

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

