

<<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. Contains 13 survey questions regarding staff care, listening, knowledge of preferences, health needs, trust, courtesy, training, concerns, informed care, activities, safety, and dining experience.

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!



0841

Form C <<Facility_ID>>

<<Survey_Run_ID>>