

<<Facility_Full>>

<<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.

INCORRECT: **CORRECT:**

Resident Satisfaction Survey

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

Not at
all likely

(Please choose one)

Extremely
likely

	NO	YES SOMEWHAT	YES MOSTLY	YES DEFINITELY
2. Does staff really care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does staff listen to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does staff know your personal choices, routines and preferences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Are staff aware of your personal health needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you trust the staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do staff seem well trained and competent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are your concerns addressed in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Are you kept informed about services and care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do activities, services and programs support your health and wellbeing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you feel safe and secure here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Is the dining experience enjoyable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER QUESTIONS ON REVERSE SIDE

<<Barcode>>



<<Sort Position>>

<<Facility_Full>>

Culture Change		NO	YES SOMEWHAT	YES MOSTLY	YES DEFINITELY
13.	Overall, are you satisfied with the way your personal choices are met?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Overall, do staff show genuine respect and treat you with dignity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Overall do you and your family have enough input or say in your care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Overall, are activities meaningful and enjoyable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
17.	In recommending this facility to your friends and family, how would you rate it overall?	<input type="radio"/>				
18.	Overall, how would you rate the staff?	<input type="radio"/>				
19.	How would you rate the care you receive?	<input type="radio"/>				

20. Did someone help you complete this survey?

- Yes
- No (if no, skip to question 22.)

21. How did that person help you? (Check all that apply.)

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

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



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

Form C <<Facility_ID>>

<<Survey_Run_ID>>