

LONG-STAY RESIDENT OR FAMILY SATISFACTION SURVEY

Please answer the questions in the survey about your stay at <Center Name>

Mark the square next to your response. If a question does not apply to you, please leave it blank and go to the next question.

The three questions below are part of a national initiative to measure the quality of nursing home facilities.

| | Poor | Average | Good | Very Good | Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Q1: In recommending this facility to your friends and family, how would you rate it overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q2: Overall, how would you rate the staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q3: How would you rate the care you receive? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the resident is unable to complete the survey, the questions below may be completed by a family member on behalf of the resident.

The three questions below are part of a national initiative to measure the quality of nursing home facilities.

| | Poor | Average | Good | Very Good | Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Q1: In recommending this facility to your friends and family, how would you rate it overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q2: Overall, how would you rate the staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q3: How would you rate the care your family member receives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |