

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.

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

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