

SHORT-STAY RESIDENT 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 four 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 received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: How would you rate how well your discharge needs were met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>