

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.

	<u>Poor</u>	<u>Average</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
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Q1: In recommending this facility to your friends and family, how would you rate it overall?

<input type="checkbox"/>				
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Q2: Overall, how would you rate the staff?

<input type="checkbox"/>				
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Q3: How would you rate the care you received?

<input type="checkbox"/>				
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Q4: How would you rate how well your discharge needs were met?

<input type="checkbox"/>				
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