



Please fill in the circle that best describes how you feel about the care and services that your family member receives at Regional Mental Health Care. Please focus on the most recent or current inpatient stay when answering the questions. If your family member has been recently discharged, please focus on the most recent stay when answering the questions. Please note that this survey can be completed by a family member or a friend.

## **LIVING ENVIRONMENT**

*The following questions ask about the facility's living environment.*

1. Does your family member's room meet his/her specific needs?  
☐ Yes   ☐ Somewhat   ☐ No   ☐ Don't know   ☐ Not Applicable
2. Does the layout of the facility meet your family member's needs?  
☐ Yes   ☐ Somewhat   ☐ No   ☐ Don't know   ☐ Not Applicable
3. Is there a comfortable place for you to visit with your family member?  
☐ Yes   ☐ Somewhat   ☐ No   ☐ Don't know   ☐ Not Applicable
4. Do you feel there are enough activities for your family member?  
☐ Yes   ☐ Somewhat   ☐ No   ☐ Don't know   ☐ Not Applicable

5. Do you have any comments you wish to make about the living environment?

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## **COMMUNICATION WITH STAFF**

*The following questions ask about family-staff communication and relationships.*

6. How would you rate staff at keeping you informed about your family member?  
☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Don't know   ☐ Not Applicable
7. How would you rate staff at involving you in planning your family member's care?  
☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Don't know   ☐ Not Applicable
8. How would you rate staff's politeness and courtesy towards you?  
☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Don't know   ☐ Not Applicable



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9. How would you rate staff at responding patiently to your questions and concerns?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

10. Do you feel welcome on the unit?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

11. How are staff at appreciating your help?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

12. How would you rate your relationship with the staff?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

13. How would you rate the facility at keeping track of your family member's personal belongings (for example: clothing, wallets, dentures, etc.)?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

14. Do you have any comments you wish to make about the communication with staff?

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## **QUALITY AND SERVICES**

*The following questions ask about certain aspects of the quality of care and services provided.*

15. How would you rate the hygiene and cleanliness of the way things are done around here?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

16. How would you rate the facility at providing you with a way to deal with concerns or complaints you have?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

17. How is your comfort level with knowing that your family member is well taken care of when you are not there?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

18. How would you rate the staff at putting patients' needs first?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

19. How would you rate the staff at knowing your family member's care needs?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

20. How would you rate the quality of medical care?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable



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21. Do the staff follow-up with your requests?

☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

22. Do you know who to talk to in order to get information about your family member?

☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

23. Do you fear that staff might punish your family member because of something you say or do?

☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

24. Do you have any comments you wish to make about the quality of care and services provided?

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#### PATIENT CARE

*The following questions ask about how your family member is cared for.*

25. It is important to treat all patients with respect, to be patient with them and address them in an appropriate manner. How would you rate the facility in these areas?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

26. It is important that patients are treated according to their specific needs, are encouraged to be independent, and are offered appropriate activities. How would you rate the facility at providing this type of individualized care to your family member?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

27. Do you have any comments you wish to make about patient care?

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#### OVERALL QUESTIONS

*The following questions will provide us with an overall picture of how satisfied you are with this facility.*

28. How would you rate the facility at taking care of your family member's needs?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable



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29. How would you rate the facility at maintaining your family member's dignity?

- ☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Don't know   ☐ Not Applicable

30. Overall, how would you rate the quality of care and services provided?

- ☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Don't know   ☐ Not Applicable

31. If this type of care were required for another family member or friend, would you recommend this facility?

- ☐ Definitely Recommend   ☐ Probably not Recommend   ☐ Don't know  
☐ Probably Recommend   ☐ Definitely not Recommend

32. Have you told people that the care here is excellent?

- ☐ Yes   ☐ No   ☐ Do Not Know

### **FAMILY SUPPORT SERVICES**

*The following questions will ask about your familiarity with family support services.*

33. Are you aware of the following family support services offered by Regional Mental Health Care?

- |                                    | Yes                   | Somewhat              | No                    |
|------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Family Support Groups           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Family Education Course         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Tillmann Family Resource Centre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Family Advisory Council         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

34. Do you have any final comments?

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***Thank you for taking the time to complete this questionnaire. Please double check to make sure you answered all of the questions that you could. Then mail the questionnaire in the enclosed postage paid envelope. Remember to ask the facility about the results!***



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