



ABC Agency  
Alpha Hospital - MOUNT HOPE SITE  
\*12345  
123ABC

## LONG STAY RESIDENT EXPERIENCE SURVEY (LSRE)

### [INTERVIEWER READ: INTRODUCTION]

1. I was wondering if you would be willing to do the survey with me now?  
☐ Yes ☐ No

Please don't hesitate to be totally honest about each question.

### 2. FINAL OUTCOME:

- ☐ Completed ☐ Partial ☐ Not Completed

### 3. IF 'NOT COMPLETED' IN FINAL OUTCOME, INDICATE REASON:

- ☐ Patient Reasons (e.g. Refused, Aggressive, Confused, Sleeping, Too Ill, Unresponsive, Could not locate)  
☐ Facility Reasons (e.g. Advised by staff not to approach, Receiving care)  
☐ Discharged/Deceased  
☐ Isolation/Contact Precaution require masking  
☐ Language  
☐ Other

### LIVING ENVIRONMENT

*First, I am going to ask you a few questions about your living area at this facility. I would like you to answer by saying "Yes", "Sometimes" or "No".*

	Yes	Sometimes	No	N/A	Do not know
4. Is this a comfortable place to live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you have enough privacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Are your personal belongings safe here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you feel safe here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is the residence clean and tidy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### [FLIP CARD OVER FOR THE NEXT TWO QUESTIONS]

	Yes	Sometimes	No	N/A	Do not know
9. Does the noise around here bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does the smell around here bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## FOOD

[DO NOT READ QUESTION #11]

	Yes	No
11. Is the resident tube fed? <i>If the resident is tube fed, go to the next section.</i>	<input type="radio"/>	<input type="radio"/>

*Now I am going to ask you a few questions about the food here.*

[FLIP CARD]

	Yes	Sometimes	No	N/A	Do not know
12. Are there enough different kinds of food to choose from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Can you get the type of foods you like to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is the taste of the food o.k.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Is the temperature of the food o.k.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Are you given the right amount of food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ACTIVITIES

*Now I am going to ask you a few questions about the activities and outings offered by this facility. Some examples of activities include music therapy, art therapy, and therapeutic recreation.*

	Yes	Sometimes	No	N/A	Do not know
17. Are you offered enough activities here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Is there enough entertainment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Are there enough games offered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Are there enough activities to keep your mind active?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Are there enough organized activities for you to do on weekends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Are your spiritual or religious needs met here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## STAFF

*Now I am going to ask you a few questions about the staff members here. Staff include all people that provide your care, for example, doctors, nurses, physiotherapists, social workers, and so on. Remember, staff members will not find out how you answered these questions.*

	Yes	Sometimes	No	N/A	Do not know
23. Do the staff show you that they care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Do the staff respect your wishes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do the staff try to understand what you're feeling? <b>For example:</b> <i>Do they try to understand what you are going through?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Do the staff help you when you need it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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27. When the staff come to your room do they tell you what they have come for?

Yes Sometimes No N/A Do not know  
☐ ☐ ☐ ☐ ☐

28. Are the staff skilled and knowledgeable?

☐ ☐ ☐ ☐ ☐

29. Do the staff answer promptly when you call?

☐ ☐ ☐ ☐ ☐

### **DIGNITY**

***Now I am going to ask you a few questions about dignity. By dignity, I mean how you feel about your life and how people treat you here.***

30. Do you have enough privacy when you dress, take a shower or bathe?

Yes Sometimes No N/A Do not know  
☐ ☐ ☐ ☐ ☐

**[FLIP CARD OVER FOR NEXT 2 QUESTIONS]**

31. Do the staff ever make you feel like you are a burden?

Yes Sometimes No N/A Do not know  
☐ ☐ ☐ ☐ ☐

**INTERVIEWER NOTE: If respondent not sure of the word 'burden', read: "Like you are asking too much of them."**

32. Do the staff ever take advantage of you in any way?

Yes Sometimes No N/A Do not know  
☐ ☐ ☐ ☐ ☐

**[FLIP CARD]**

33. Do the staff pay enough attention to you?

Yes Sometimes No N/A Do not know  
☐ ☐ ☐ ☐ ☐

34. Are you treated the way you want to be treated?

☐ ☐ ☐ ☐ ☐

### **AUTONOMY**

***Now I am going to ask you about your freedom, independence and ability to make choices here.***

35. Do the staff involve you in decisions about your care?

Yes Sometimes No N/A Do not know  
☐ ☐ ☐ ☐ ☐

36. Can you choose what you do each day?

☐ ☐ ☐ ☐ ☐

37. Do you feel you can express your feelings and opinions around here?

☐ ☐ ☐ ☐ ☐

38. Are you free to come and go as you please?

☐ ☐ ☐ ☐ ☐

**[FLIP CARD OVER FOR THE NEXT QUESTION]**

39. Are you ever forced to do things that you don't want to do?

Yes Sometimes No N/A Do not know  
☐ ☐ ☐ ☐ ☐



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## MEDICAL CARE & TREATMENT

*The next questions are about your medical care and treatments.*

### [FLIP CARD]

- |  | Yes                   | Sometimes             | No                    | N/A                   | Do not know           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 40. Are you helped if you are in pain or uncomfortable?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. Can you talk to a doctor when you need to?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. If you are not feeling well, do you get the medical help you need? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## OVERALL QUESTIONS

43. If long stay care were needed for another family member or friend, would you recommend this facility?
- ☐ Yes   ☐ No   ☐ Maybe   ☐ N/A   ☐ Don't know

### [GET LADDER]

*The next two questions are based on the "Excellent", "Good", "Fair", "Poor", & "Terrible" response scale]*

- |  | Excellent             | Good                  | Fair                  | Poor                  | Terrible              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 44. Overall, how would you rate the quality of care and services you receive here? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. In general, how would you rate your overall emotional health?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**46. Are there any other comments you wish to make?**

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