

LIVING ENVIRONMENT

The following questions ask about the facility's living enviroment.

	Yes	Somewhat	No	Don't know/ N/A
1. Does your family member's room meet his/her specific needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the layout of the facility meet your family member's needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Are you encouraged to bring your family member's personal things into the room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is there a comfortable place for you to visit with your family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you feel there are enough activities for your family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you feel there is enough entertainment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNICATION WITH STAFF

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

	Excellent	Very Good	Good	Fair	Poor	Don't know/ N/A
7. How would you rate staff at keeping you informed about your family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How would you rate staff at involving you in planning your family member's care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How would you rate staff's politeness and courtesy towards you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How would you rate staff at responding patiently to your questions and concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you feel welcome on the unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How are staff at appreciating your help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How would you rate your relationship with the staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How would you rate the facility at keeping track of your family member's personal belongings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Do you have any comments you wish to make about the living environment or communication with staff?

QUALITY AND SERVICES

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

	Excellent	Very Good	Good	Fair	Poor	Don't know/ N/A
16. How would you rate the hygiene and cleanliness of the way things are done around here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How would you rate the facility at providing you with a way to deal with concerns or complaints you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How is your comfort level with knowing that your family member is well taken care of when you are not there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How would you rate the staff at putting residents' needs first?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How would you rate the staff at knowing what your family member's care requirements are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. How would you rate the quality of medical/physician care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	Somewhat	No	Don't know/ N/A
22. Do the staff follow-up with your requests?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Do you feel the facility has enough staff to look after resident needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Does your family member receive the help he/she needs to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do the staff take the proper amount of time to feed your family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Do you know who to talk to in order to get information about your family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Do you fear that staff might punish your family member because of something you say or do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

RESIDENT CARE

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

29. It is important to treat all residents 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/ N/A

30. It is important that residents are treated according to their specific needs, are encouraged to be independent, are offered appropriate activities and that the proper amount of time is taken to feed them. 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/ N/A

31. In order to maintain resident dignity, certain care processes must take place, These include such things as keeping residents changed and clean and prepared for the day, toileting them when needed, ensuring they get the help they need to eat and ensuring residents are kept physically comfortable. How would you rate staff at looking after these things for your family member?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know/ N/A

32. Do you have any comments you wish to make about resident care?

OVERALL QUESTIONS

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

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

- Excellent Very Good Good Fair Poor Don't know/ N/A
- ☐ ☐ ☐ ☐ ☐ ☐

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

- ☐ ☐ ☐ ☐ ☐ ☐

35. How would you rate the staff at providing tender, loving care?

- ☐ ☐ ☐ ☐ ☐ ☐

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

- ☐ ☐ ☐ ☐ ☐ ☐

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

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

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

- Yes No Don't Know
- ☐ ☐ ☐

39. Over the last year would you say that the quality of care and services have improved, stayed the same, or became worse?

- Improved Same Worse Don't know
- ☐ ☐ ☐ ☐

UNDERSTANDING WHO OUR RESPONDENTS ARE

40. What is your relationship to your family member? The resident is my:

- ☐ Husband/wife ☐ Child
☐ Brother/sister (in-law) ☐ Other family member
☐ Mother/father (in-law) ☐ Other, specify: _____
☐ Grandparent

41. Compared to other residents in your family member's facility, how would you rate your family member's health?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know/ N/A

42. Do you have any final comments?

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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