

**%Facility\_Name\_1%**

**%Facility\_Name\_2%**

%AddressL1%

%AddressL2%

%AddressL3%

%AddressL4%

Dear resident,

%Facility\_Full% is committed to providing excellent care and service. To do so, it is necessary and important to hear the voices of our residents, family members and other involved individuals.

Your responses to the survey questions will remain completely confidential. To ensure anonymity, your completed survey will be received by My InnerView in the envelope provided. My InnerView will provide a summary report highlighting the findings from the survey and identifying areas in which improvement is necessary. Your individual responses will never be disclosed to %Facility\_Full%.

In addition to the survey, enclosed you will find a Comment Form. You can use this form to provide any other feedback you think is important for %Facility\_Full% to know. Your handwritten comments will be transcribed into an electronic format so that your handwriting is not seen by facility staff. Your identity will not be disclosed unless you choose to include it in the body of the comment.

Thank you for your time!

### **INSTRUCTIONS FOR COMPLETING THE SURVEY**

1. Use blue or black pen **only**.
2. To the right of each statement, blacken one circle only.
3. If you feel a statement is not applicable, leave circles blank.
4. Be sure to complete all pages of the survey.
5. Write your comments in the boxes on the form. Feel free to add an extra sheet of paper if you need additional space.
6. Return the survey (and the comment form, if completed) in the pre-addressed, postage-paid envelope.
7. Surveys must be received by My InnerView no later than the date on the front of the survey.

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Due Date:

Instructions: Please blacken the circle that best corresponds to how you would rate this facility in the following areas. Blacken only one circle for each statement. If a statement does not apply, leave the circles blank.

INCORRECT:  CORRECT: 

Resident Satisfaction Survey

RATE THIS FACILITY ON...	EXCELLENT	GOOD	FAIR	POOR
1. Meeting your choices and preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The respect shown to you by staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Meeting your need for privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Offering you opportunities for friendships with other residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Offering you opportunities for friendships with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Offering you meaningful activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Meeting your religious and spiritual needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The quality of care provided by the nurses (RNs/LVNs/LPNs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The quality of care provided by the nursing assistants (CNAs/NAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The quality of rehabilitation therapy (occupational, physical, speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Providing an adequate number of nursing staff to meet care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Meeting your need for grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Keeping you and your family informed about you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The competency of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The staff's care and concern for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Management's responsiveness to your suggestions and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How safe it is for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The security of your personal belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The cleanliness of the room and surroundings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The quality of meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. How enjoyable the dining experience is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. The quality of laundry services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. How well staff know your personal habits and routines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. How well staff help you live your preferred way of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. The trust you have in staff with your personal care and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER QUESTIONS ON THE REVERSE SIDE

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RATE THIS FACILITY ON...	EXCELLENT	GOOD	FAIR	POOR
26. Offering you the opportunity to experience joy and fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Offering you the opportunity to participate in community life as much or as little as you want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Offering you the opportunity to participate in your care and establish your own goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How contented it makes you feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. How would you rate your overall satisfaction with this facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. What is your recommendation of this facility to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Background Information

32. How long have you lived at this facility? (*Blacken the circle of the highest category*)

- less than 1 month                       1 to 3 months                       3 to 6 months  
 6 months to 1 year                       1 to 3 years                       3 or more years

33. Who visits you most often?

- spouse                       child                       brother or sister  
 grandchild                       friend                       another person

34. How often does this person visit you?

- less than once a year                       once a year                       once every 3 months  
 once a month or more                       once a week or more                       almost daily

35. How many nursing homes did you (or your family) visit before choosing this facility?

- none                       only this one                       two  
 three                       four                       five or more

**PLEASE ANSWER QUESTIONS ON THE NEXT PAGE**



## Background Information

36. What is the most important reason you (or your family) chose this facility?

- convenient location       good reputation       doctor's or hospital's recommendation  
 relative's or friend's recommendation       insurance requirement       other reason

37. What is your gender?

- female       male

38. What is your age?

- 19 or under       20 to 29       30 to 39  
 40 to 49       50 to 59       60 to 69  
 70 to 79       80 to 89       90 or older

39. How is this survey being completed?

- by myself (without assistance)       with assistance from facility staff  
 with assistance from a family member or friend       with assistance from another resident/patient  
 with assistance from another person

**Please mail the survey using the pre-addressed, postage-paid envelope enclosed.  
THANK YOU!**





# COMMENT FORM

%Facility\_Full%

**Tell us what we do best:**

**Tell us what we can do to improve:**

**Any other comments or suggestions:**

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Form C %Facility\_ID% %Survey\_Run\_ID% %Surveyee\_ID%

