

50. Tell us what we do best here.

51. What improvements could be made to make things better for you here?

52. Please add any additional comments you would like us to hear.

53. Do you want someone to contact you about your comments? Yes No
 If so, please be sure to include your name:

Name: _____ Date: _____
(Optional) (Optional)

Phone: _____ E-mail Address: _____
(Optional) (Optional)

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2010 ASSISTED LIVING RESIDENT SATISFACTION SURVEY

Thinking about the atmosphere and environment at this community, please indicate your agreement or disagreement with the following statements:

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
1. Furniture is well kept	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The dining experience is pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Interior common areas are well maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There is adequate lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I believe my personal property is safe here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have adequate privacy in my residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My privacy is respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your quality of life at this community, please indicate your agreement or disagreement with the following statements:

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
9. I can make choices about my daily routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am encouraged to do things for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Help is available when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. If I had an emergency health problem, someone here would respond	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am optimistic that I can remain independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. If my needs changed, someone here would notice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Availability of pastoral/spiritual care meets my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the programs provided to you at this community, please rate the following:
 (NOTE: If you have NO EXPERIENCE with any of the items listed, please mark the circle for "DOES NOT APPLY")

	DOES NOT APPLY	VERY GOOD	GOOD AVERAGE	POOR	VERY POOR
16. Variety of activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Frequency of activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Entertainment programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DO NOT SEPARATE PAGES

SAMPLE - NOT FOR DISTRIBUTION

SAMPLE - NOT FOR DISTRIBUTION

Thinking about the services provided to you at this community, please rate the following:
 (NOTE: If you have NO EXPERIENCE with any of the items listed, please mark the circle for "DOES NOT APPLY")

	DOES NOT APPLY	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR
19. Residence Housekeeping Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Personal and/or Linen Laundry Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Residence Maintenance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Transportation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Personal care services provided by the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Assistance from staff to access community Health Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Barber or Beauty shop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Variety of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the management of this community, please indicate your agreement or disagreement with the following statements:

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
27. Administration is responsive to my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Bills and fees are easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Billing statements are accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the staff of this community, please indicate your agreement or disagreement with the following statements:

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
30. Staff members take time for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Staff members treat me with dignity and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Staff members are clean and neatly dressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Staff members take care of my requests promptly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Staff members are trustworthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Staff members are gentle when providing me with personal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your overall experience here, how would you rate the following characteristics of this community:

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR
36. The living environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. The service provided to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. The quality of my life here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. The staff of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Safety and security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Food and dining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Services and amenities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVERALL SATISFACTION

	VERY SATISFIED	SATISFIED	NEUTRAL	DISSATISFIED	VERY DISSATISFIED
44. In general, how satisfied are you with this community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVERALL RECOMMENDATION

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
45. I would recommend this community to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>46. What is your gender? Select one.</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p>	<p>47. What is your age? Select one.</p> <p><input type="radio"/> Less than 65 years of age</p> <p><input type="radio"/> 65-74 years of age</p> <p><input type="radio"/> 75-84 years of age</p> <p><input type="radio"/> 85-94 years of age</p> <p><input type="radio"/> 95 years of age or older</p>
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<p>48. How long have you lived at this community? Select one.</p> <p><input type="radio"/> Less than 1 year</p> <p><input type="radio"/> 1-5 years</p> <p><input type="radio"/> 6-10 years</p> <p><input type="radio"/> More than 10 years</p>	<p>→ If you have lived here less than one year, please rate the orientation process.</p> <p><input type="radio"/> VERY GOOD</p> <p><input type="radio"/> GOOD</p> <p><input type="radio"/> AVERAGE</p> <p><input type="radio"/> POOR</p> <p><input type="radio"/> VERY POOR</p>
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<p>49. Who made the decision about your move to this community? Select one.</p>	
<p><input type="radio"/> My Decision Alone</p> <p><input type="radio"/> Family Member(s) Decided Alone</p> <p><input type="radio"/> Family Member(s) and I Decided Together</p>	<p><input type="radio"/> My Doctor Helped me Decide</p> <p><input type="radio"/> A Professional Staff Member</p> <p><input type="radio"/> Other</p>