

33. What do you like best about this facility?

34. What can we do to continuously improve the quality and/or services of this facility?

35. Please provide any additional comments about your stay.

36. 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 SHORT STAY RESIDENT SATISFACTION SURVEY

Thinking about the way you were feeling upon admission to this facility, please mark your response to the statements below:

When I was admitted to the facility...

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
1. I would rate my overall health as:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was feeling:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the way you were feeling when you were discharged from this facility:

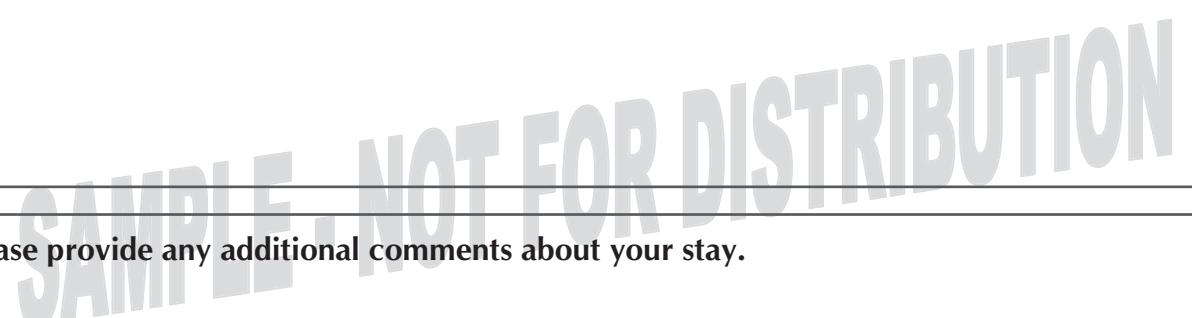
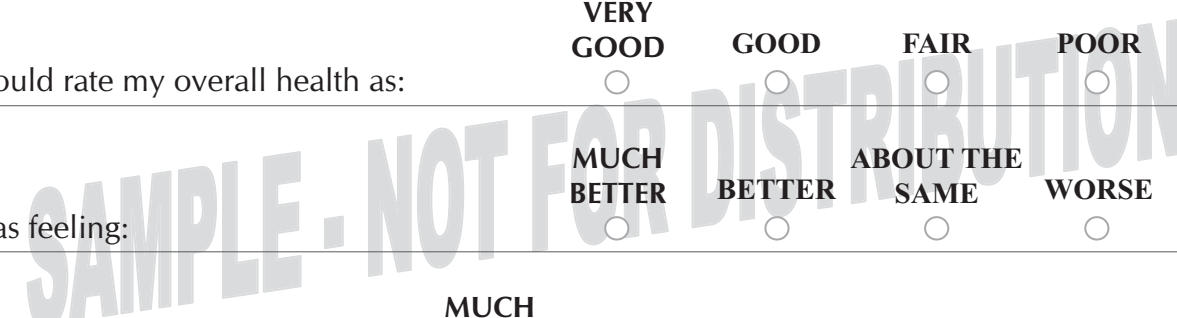
Compared to admission, at the time I was discharged:

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
3. I would rate my overall health as:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I was feeling:	MUCH BETTER <input type="radio"/>	BETTER <input type="radio"/>	ABOUT THE SAME <input type="radio"/>	WORSE <input type="radio"/>	MUCH WORSE <input type="radio"/>
5. My condition was:	MUCH BETTER THAN EXPECTED <input type="radio"/>	BETTER THAN EXPECTED <input type="radio"/>	ABOUT WHAT I EXPECTED <input type="radio"/>	WORSE THAN EXPECTED <input type="radio"/>	MUCH WORSE THAN EXPECTED <input type="radio"/>

Thinking about the care you received during your stay, please indicate your level of satisfaction with the following:

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
6. The care received from licensed nursing staff (RNs, LPNs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The care received from nursing assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The care received from your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Efforts to relieve your pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DO NOT SEPARATE PAGES



Thinking about the care you received during your stay, please rate the following:

	DOES NOT APPLY	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
10. Social Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Physical Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Occupational Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Speech Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Respiratory Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Activities Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about other services you received, or experiences you had during your stay, please rate the following:

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
16. Housekeeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Dining Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Business Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Admissions Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Management and Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Maintenance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
22. I feel safe here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I understood my discharge goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The facility staff discussed my progress with me on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I was adequately prepared to go home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Adequate arrangements were made for services after discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I would recommend this facility to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am satisfied with the care and services I received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 29. Age (Select one)**
- Less than 65 years of age
 - 65-74 years of age
 - 75-84 years of age
 - 85-94 years of age
 - 95 years of age or older

- 31. When was this survey conducted? (Mark only one)**
- prior to discharge
 - within two weeks after discharge
 - more than two weeks after discharge

- 30. Gender (Mark only one)**
- Male
 - Female

- 32. How long were you in this facility? (Mark only one)**
- under 2 weeks
 - 2 weeks and up to 4 weeks
 - 1 - 3 months
 - 4 - 6 months
 - more than 6 months
 - not sure