

**%Facility\_Name\_1%**

**%Facility\_Name\_2%**

%AddressL1%

%AddressL2%

%AddressL3%

%AddressL4%

Dear family member,

%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.
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:**

**Family Satisfaction Survey**

| <b>RATE THIS FACILITY ON...</b>  | <b>EXCELLENT</b>      | <b>GOOD</b>           | <b>FAIR</b>           | <b>POOR</b>           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Meeting the resident's choices and preferences                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The respect shown to the resident by staff                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Meeting the resident's need for privacy                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Offering the resident opportunities for friendships with other residents      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Offering the resident opportunities for friendships with staff                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Offering the resident meaningful activities                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Meeting the resident's 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 the resident's need for grooming                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Keeping you and your family informed about the resident                      | <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 the resident                                | <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 the resident  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. The security of the resident's 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 for the resident                      | <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 the resident's personal habits and routines              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. How well staff help the resident live their preferred way of life            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. The trust you have in staff with the resident's 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 the resident the opportunity to experience joy and fun  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Offering the resident the opportunity to participate in community life as much or as little as they want | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. Offering the resident the opportunity to participate in their care and establish their own goals         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. How contented it makes the resident 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 has the resident 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 the resident most often?

- resident's spouse                       resident's child                       resident's brother or sister  
 resident's grandchild                       resident's friend                       another person

34. How often does this person visit the resident?

- 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 the resident's gender?

- female       male

38. What is the resident's 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. What is your relationship to the resident?

- spouse       child       brother or sister  
 grandchild       friend       other relationship

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



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# 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 B %Facility\_ID% %Survey\_Run\_ID% %Surveyee\_ID%