

**XYZ CARE CENTER
RESIDENT DISCHARGE SATISFACTION SURVEY**

Resident Name: _____ Date: _____

Room Number: _____

Please Rate Our Staff On The Following Scale:

5=Excellent 4=Very Good 3=Average 2=Poor 1=Very Poor

Quality of Care:

* Quality of Nursing Care Provided	5	4	3	2	1
* Courtesy / Responsiveness of Staff	5	4	3	2	1
* Attention to Personal Care & Grooming	5	4	3	2	1
* Respect of Privacy and Dignity	5	4	3	2	1
* Communication With Staff	5	4	3	2	1
* Overall Plan of Care	5	4	3	2	1
* Responsiveness To Call Lights	5	4	3	2	1

Meal Service:

* Variety and Selection of Menus	5	4	3	2	1
* Personal Food Preferences Met	5	4	3	2	1
* Correct Diet Served	5	4	3	2	1
* Taste and Temperature	5	4	3	2	1
* Food Appearance	5	4	3	2	1

Activities:

* Variety of Activities Provided	5	4	3	2	1
* Activities Programs Met My Interests	5	4	3	2	1

Rehabilitation Services:

* My Therapy Goals Were Met	5	4	3	2	1
* Courtesy of Therapy Staff	5	4	3	2	1

Physician Services:

* Physician Responsiveness	5	4	3	2	1
----------------------------	---	---	---	---	---

General:

* Cleanliness of the Facility / Room	5	4	3	2	1
* Laundry Services	5	4	3	2	1
* Room in Good Repair	5	4	3	2	1
* Admission / Discharge Process	5	4	3	2	1
* Understanding of Billing and Charges	5	4	3	2	1
* Care Planning Process	5	4	3	2	1
* Recommend This Facility To Others	5	4	3	2	1
* Management Responsiveness	5	4	3	2	1
* Overall Rating of Your Stay	5	4	3	2	1

Recommendations For Improvement:

Thank You For Your Participation