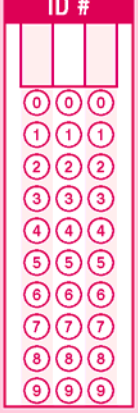
Ohio Department of Aging
Resident Satisfaction Survey 2011
Residential Care Facility

MARKING INSTRUCTIONS

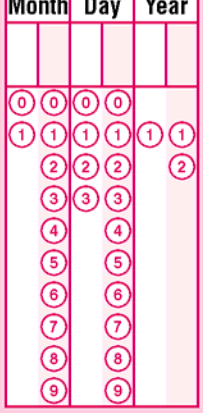
- Use No. 2 pencil only.
- Make dark marks that fill the circle completely.
- Make no stray marks.

Facility ID #

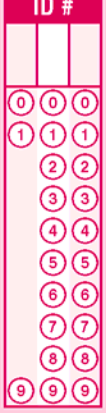
Interviewer ID #



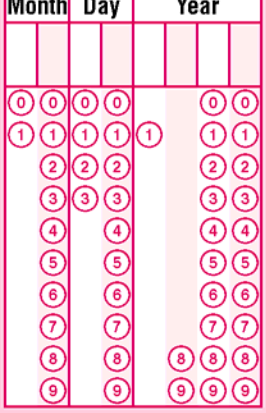
Today's Date



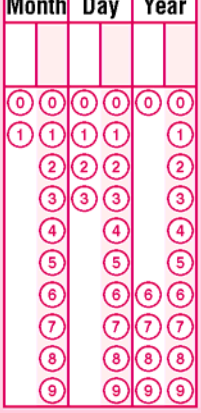
Resident ID #



Resident Date of Birth



Admission Date



Length of Stay

- ◯ Long-Term
- ◯ Short-Term

Resident Gender

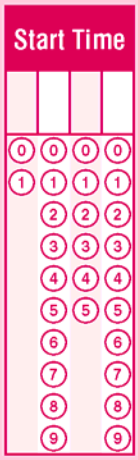
- ◯ Male
- ◯ Female

Interview Status

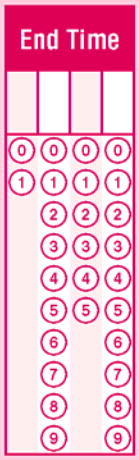
- ◯ Not interviewed
- ◯ Incomplete
- ◯ Complete

Fill in if resident completed the survey him/herself: ◯

Start Time



End Time



Reason why the resident was <u>not interviewed</u> (if applicable)

- ◯ Deceased
- ◯ Discharged/Moved
- ◯ Hospitalized/Ill
- ◯ Language barrier
- ◯ Unable to locate
- ◯ Asleep (when visited 3 times)
- ◯ Out of facility
- ◯ Refused
- ◯ Unable to respond to questions
- ◯ Other

Assistance with interview (if applicable)

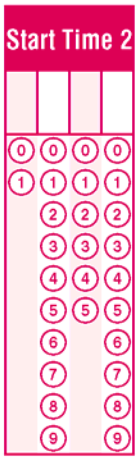
- ◯ Family member
- ◯ Volunteer
- ◯ Custodian/Guardian
- ◯ Other

Reason why interview is <u>incomplete</u> (if applicable)

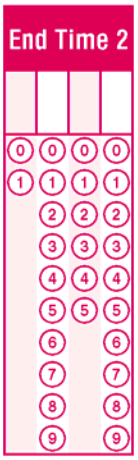
- ◯ Resident fatigue
- ◯ Unable to respond to questions
- ◯ Refusal to continue
- ◯ Necessary clinical care
- ◯ Resident illness
- ◯ Other

Mark only if interview was interrupted and re-started

Start Time 2



End Time 2



PLEASE DO NOT WRITE IN THIS AREA

	YES Would you say yes, always or yes, sometimes?		NO Would you say no, hardly ever or no, never?		
ACTIVITIES					
I'D LIKE YOU TO THINK ABOUT THE ACTIVITIES THE FACILITY OFFERS TO ENTERTAIN YOU OR KEEP YOU INVOLVED.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
1. Do you have enough to do here? Yes or no?	○	○	○	○	○
2. Do you get enough information about the activities offered here? Yes or no? *(Ex: Entertainment, arts and crafts, religious services, outings, exercise classes)*	○	○	○	○	○
3. Are you satisfied with the activities offered here? Yes or no?	○	○	○	○	○
CHOICE					
NOW I'D LIKE YOU TO THINK ABOUT THE CHOICES YOU HAVE HERE.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
4. Can you go to bed when you like? Yes or no?	○	○	○	○	○
5. Do the employees leave you alone if you don't want to do anything? Yes or no?	○	○	○	○	○
6. Do the people who work here let you do the things you are able to do yourself? Yes or no?	○	○	○	○	○
7. Are you free to come and go as you are able? Yes or no?	○	○	○	○	○
8. Are the rules here reasonable? Yes or no? *(Ex: Safety policies, dining room policies, curfew)*	○	○	○	○	○
CARE & SERVICES					
NEXT I'D LIKE YOU TO THINK ABOUT THE CARE AND SERVICES YOU GET HERE.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
9. Can you get snacks and drinks whenever you want to? Yes or no?	○	○	○	○	○
10. Do you get your medications on time? Yes or no? *(Ex: Do you get your medications in a timely manner)*	○	○	○	○	○
11. Do the employees explain your care and services to you? Yes or no?	○	○	○	○	○
12. Do the employees who take care of you know what you like and don't like? Yes or no?	○	○	○	○	○
EMPLOYEE RELATIONS					
I AM GOING TO ASK YOU SOME QUESTIONS ABOUT THE EMPLOYEES WHO WORK HERE.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
13. Are the employees courteous to you? Yes or no?	○	○	○	○	○
14. Can you depend on the employees? Yes or no? *(Ex: Do employees do what they say they will do, follow through)*	○	○	○	○	○
15. Are the people who work here friendly? Yes or no?	○	○	○	○	○
16. Do the employees treat you with respect? Yes or no?	○	○	○	○	○

	YES Would you say yes, always or yes, sometimes?		NO Would you say no, hardly ever or no, never?		
EMPLOYEE RESPONSIVENESS	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
17. During the weekdays, is a staff person available to help you if you need it? Yes or no? *(Ex: Help getting dressed, getting things for you?) (Ex: By staff, I mean the people who work here)*	○	○	○	○	○
18. At other times, is a staff person available to help you if you need it? Yes or no? *(Ex: During the evenings and nights, on weekends) (Ex: Help getting dressed, getting things for you?) (Ex: By staff, I mean the people who work here)*	○	○	○	○	○
19. Do you feel confident that the employees know how to do their jobs? Yes or no?	○	○	○	○	○
COMMUNICATION					
NOW I'D LIKE YOU TO THINK ABOUT THE COMMUNICATION AND MANAGEMENT HERE.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
20. Are the people in charge available to talk with you? Yes or no? *(Ex: Managers, supervisors, administration)*	○	○	○	○	○
21. Do the people in charge treat you with respect? Yes or no? *(Ex: Managers, supervisors, administration)*	○	○	○	○	○
22. Would you feel comfortable speaking up when you have a problem? Yes or no? *(Ex: To the people in charge)*	○	○	○	○	○
23. Do you know who to go to here when you have a problem? Yes or no?	○	○	○	○	○
24. Do your problems get taken care of? Yes or no? *(Ex: Are your problems addressed)*	○	○	○	○	○
MEALS & DINING					
I WANT YOU TO THINK ABOUT THE FOOD AND MEALTIME.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
25. Do you get enough to eat? Yes or no? **(If respondent indicates they do not eat the food, skip to question 30.)**	○	○	○	○	○
26. Is the food here tasty? Yes or no?	○	○	○	○	○
27. Can you get the foods you like? Yes or no?	○	○	○	○	○
28. Is your food served at the right temperature? Yes or no? *(Ex: Cold foods cold, hot foods hot)*	○	○	○	○	○
29. Do you like the way your meals are served here? Yes or no?	○	○	○	○	○
LAUNDRY					
NEXT I'D LIKE YOU TO THINK ABOUT THE LAUNDRY SERVICE HERE.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
30. Do you get your clothing back from the laundry? Yes or no? **(If respondent indicates that the facility does not do their laundry, skip to question 32.)**	○	○	○	○	○
31. Does your clothing come back from the laundry in good condition? Yes or no?	○	○	○	○	○

	YES Would you say yes, always or yes, sometimes?		NO Would you say no, hardly ever or no, never?		
FACILITY ENVIRONMENT					
NOW I'D LIKE YOU TO THINK ABOUT THE BUILDING.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
32. Do you like the location of this place? Yes or no?	○	○	○	○	○
33. Are the outside walkways and grounds well taken care of? Yes or no?	○	○	○	○	○
34. Does this place look attractive to you? Yes or no?	○	○	○	○	○
35. Is this place clean enough? Yes or no? *(Ex: The facility, your room)*	○	○	○	○	○
36. Is this place quiet when it should be? Yes or no?	○	○	○	○	○
RESIDENT ENVIRONMENT					
NOW I'D LIKE YOU TO THINK ABOUT YOUR ROOM.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
37. Do you have enough privacy in your room or apartment? Yes or no?	○	○	○	○	○
38. Are you satisfied with your room or apartment? Yes or no?	○	○	○	○	○
39. Do you feel safe here? Yes or no?	○	○	○	○	○
40. Is your personal property safe here? *(Ex: The things that belong to you, your personal items, your valuables)*	○	○	○	○	○
41. Do you think this is a pleasant place for people to visit? Yes or no?	○	○	○	○	○
GENERAL SATISFACTION					
THIS LAST GROUP OF QUESTIONS ASKS YOU TO THINK ABOUT THE FACILITY IN GENERAL.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
42. Do you feel comfortable here? Yes or no?	○	○	○	○	○
43. Do you feel like you are getting your money's worth here? Yes or no?	○	○	○	○	○
44. Overall, do you like living here? Yes or no?	○	○	○	○	○
45. Would you recommend this place to a family member or friend? Yes or no?	○	○	○	○	○

THOSE ARE ALL THE QUESTIONS I HAVE ABOUT THIS FACILITY.
THANK YOU VERY MUCH FOR ANSWERING ALL MY QUESTIONS.

GO TO THE FIRST PAGE TO BUBBLE IN INTERVIEW STATUS AND THE END TIME.