

Your Password (the first two characters are letters, the rest are numbers)



## Ohio Department of Aging Nursing Home Family Satisfaction Survey 2016

Thank you for taking the time to complete the Ohio Nursing Home Family Satisfaction Survey. It is for family members and other people involved in the lives of Ohio's nursing home residents or hospital sub-acute unit patients. Please answer as many questions as you can, even if you were only involved with a resident for a short stay. If a question does not apply to your resident, or you don't know about the service or care, please check the "Don't Know/Not Applicable" box. You may skip any question you don't want to answer.

Do NOT complete your paper survey if you are completing this survey online. Your responses are anonymous; the serial number you entered to login only identifies the facility you are reporting about, not you. Surveys are sent to many people connected to each RCF and the researchers do not know who received surveys. Although the survey software collects some information about your computer, that information is not reported to the researchers, ODA, or the facility. Facility reports are created for the RCF as a whole; and no individual responses are provided UNLESS you provide comments that you want us to forward to the facility.

If you have questions or concerns after reading the letter from ODA that was included in your printed survey, please call the toll-free survey helpline at 1-844-781-0233 9:00 a.m.-4:00 p.m. Monday-Friday or e-mail [familysurvey@miamioh.edu](mailto:familysurvey@miamioh.edu). We will respond to your questions the next business day.

If you have any questions about the research now or in the future you may contact the research team at 513-523-2914 or email to [strakejk@miamioh.edu](mailto:strakejk@miamioh.edu). If you have any questions or concerns about the rights of research subjects or the voluntariness of participation, you may contact the Research Compliance Office at Miami University at either 513-529-3600 or [humansubjects@miamioh.edu](mailto:humansubjects@miamioh.edu).

■

■

**-You may save your partially completed survey and return to it another time by choosing “save” at the bottom of the page where you end your work. Return to your survey by using the URL that was provided in your survey letter.**

**-Use the “back” and “next” buttons at the bottom of the page to move through the survey, not the buttons on your browser.**

**-You may print your completed survey by choosing the “print” button on the final screen. Do not choose “submit” until you have completed all work on your survey, printed a copy (if desired) and are ready to leave the survey. If you submit the survey before you are finished we will have to reset your survey and your work will be lost.**

**-Although every effort will be made to ensure the anonymity of your responses, you should be aware that all internet-based communication is subject to the remote likelihood of tampering from an outside source.**

■

■

## Moving In

- |   | <i>Definitely<br/>No</i> | <i>Probably<br/>No</i> | <i>Probably<br/>Yes</i> | <i>Definitely<br/>Yes</i> | <i>Don't<br/>know<br/>/Doesn't<br/>apply to<br/>resident</i> |
|---|--------------------------|------------------------|-------------------------|---------------------------|--|
| 1. When the resident moved in, were you given thorough information to help you know what to expect? | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |
| 2. Was the resident given a thorough orientation to the nursing home?                               | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |
| 3. Did you feel warmly welcomed as a new family member?   | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |

## Spending Time

- |   | <i>Definitely<br/>No</i> | <i>Probably<br/>No</i> | <i>Probably<br/>Yes</i> | <i>Definitely<br/>Yes</i> | <i>Don't<br/>know<br/>/Doesn't<br/>apply to<br/>resident</i> |
|---|--------------------------|------------------------|-------------------------|---------------------------|--|
| 4. Does the resident have something enjoyable to look forward to most days?                 | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |
| 5. Do the staff do a good job keeping the resident connected to the community?              | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |
| 6. Does the resident have plenty of opportunities to do things that are meaningful to them? | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |
| 7. Does the resident like the provided activities?  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |
| 8. Does the nursing home provide things the resident enjoys doing on the weekend?           | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |
| 9. Do you have plenty of opportunities to be involved in the nursing home?                  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/>  |

## Care and Services

- |   | <i>Never</i>          | <i>Sometime<br/>s</i> | <i>Usually</i>        | <i>Always</i>         | <i>Don't<br/>know<br/>/Doesn't<br/>apply to<br/>resident</i> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 10. Are the resident's preferences about daily routine carried out (e.g. time and place for meals and time and type of bath)? | <input type="radio"/>  |

11. Do you have enough opportunities for input into decisions about your resident's care?



12. Do you get enough information to make decisions with or about your resident?



## Caregivers

- |  | <i>Never</i>          | <i>Sometimes</i>      | <i>Usually</i>        | <i>Always</i>         | <i>Don't know /Doesn't apply to resident</i> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 13. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)? | <input type="radio"/>                        |
| 14. Do the staff know what the resident likes and doesn't like?  | <input type="radio"/>                        |
| 15. Do the staff regularly check to see if the resident needs anything?  | <input type="radio"/>                        |
| 16. Have you gotten to know the staff who care for your resident?  | <input type="radio"/>                        |
| 17. Do the staff come quickly anytime your resident needs help?  | <input type="radio"/>                        |

## Meals and Dining

- |  | <i>Never</i>          | <i>Sometimes</i>      | <i>Usually</i>        | <i>Always</i>         | <i>Don't know /Doesn't apply to resident</i> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 18. Is there a lot of variety in the meals?          | <input type="radio"/>                        |
| 19. Are you included in mealtimes if you want to be? | <input type="radio"/>                        |
| 20. Is the food good?                                | <input type="radio"/>                        |

## Environment

- |  | <i>Never</i>          | <i>Sometimes</i>      | <i>Usually</i>        | <i>Always</i>         | <i>Don't know / Doesn't apply to resident</i> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 21. Is the nursing home thoroughly clean?        | <input type="radio"/>                         |
| 22. Can the resident get outside often enough?   | <input type="radio"/>                         |
| 23. Do you have a good place to visit privately? | <input type="radio"/>                         |
| 24. Are the resident's belongings safe?          | <input type="radio"/>                         |

## Facility Culture

- |   | <i>Never</i>          | <i>Sometimes</i>      | <i>Usually</i>        | <i>Always</i>         | <i>Don't know / Doesn't apply to resident</i> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 25. Are you encouraged to speak up when you have a problem?   | <input type="radio"/>                         |
| 26. Are your concerns addressed in a timely way?  | <input type="radio"/>                         |
| 27. Are you kept well informed about how things are going with your resident?   | <input type="radio"/>                         |
| 28. Do the staff seem happy to work at the nursing home?  | <input type="radio"/>                         |
| 29. Do the staff go above and beyond to give your resident a good life?   | <input type="radio"/>                         |
| 30. Do you feel confident that staff would help your resident beyond their personal care needs if you could not? (e.g. things like completing paperwork, purchasing clothing) | <input type="radio"/>                         |
| 31. Do you have peace of mind about the care your resident is getting when you aren't at the nursing home?  | <input type="radio"/>                         |
| 32. Would you highly recommend this care facility to a family member or friend?   | <input type="radio"/>                         |

# Background Information

1. How old is the resident (years)?

2. How old are you (years)?

3. What is your race/ethnicity?

- Asian/Pacific Islander*
- African American/Black*
- Caucasian/White*
- Hispanic*
- Native American/Indian*
- Other*

4. Mark the gender for the resident

- Male*
- Female*

5. Mark the gender for you

- Male*
- Female*

6. What is your educational level?

- Less than high school*
- Completed high school*
- Completed college*
- Master's or higher*

7. Do you expect the resident's total stay in nursing home to be: (Please try to answer to the best of your ability. Select the category closest to your expectations.)

- Less than 1 month*
- From 1 to 3 months*
- Greater than 3 months*

8. On average, how often do you visit the resident?

- Daily*
- Several times a week*
- Once a week*
- Two or three times a month*
- Once a month*
- Few times a year*

9. When you visit the resident, what do you help the resident with?

Help with:

	<i>Always</i>	<i>Sometimes</i>	<i>Never</i>
I. Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II. Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
III. Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV. Grooming (combing hair, cutting nails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Going to activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What is your relationship to the resident? You are their \_\_\_\_\_.

- Spouse
- Child
- Grandchild
- Niece/Nephew
- Son/Daughter in law
- Brother/sister
- Friend
- Parent
- Guardian
- Other

11. Do you talk to the following staff?

	<i>Never</i>	<i>Sometime s</i>	<i>Always</i>
I. Nurse Aides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II. Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
III. Social Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV. Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Administrator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VI. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How much help does the resident need with the activities below? Please check the appropriate box.

12a. Eating

- Needs no assistance or supervision from another person
- Needs some assistance or supervision from another person
- Needs a great deal of assistance or supervision from another person
- Resident is totally dependent

12b. Going to bathroom

- Needs no assistance or supervision from another person
- Needs some assistance or supervision from another person
- Needs a great deal of assistance or supervision from another person
- Resident is totally dependent

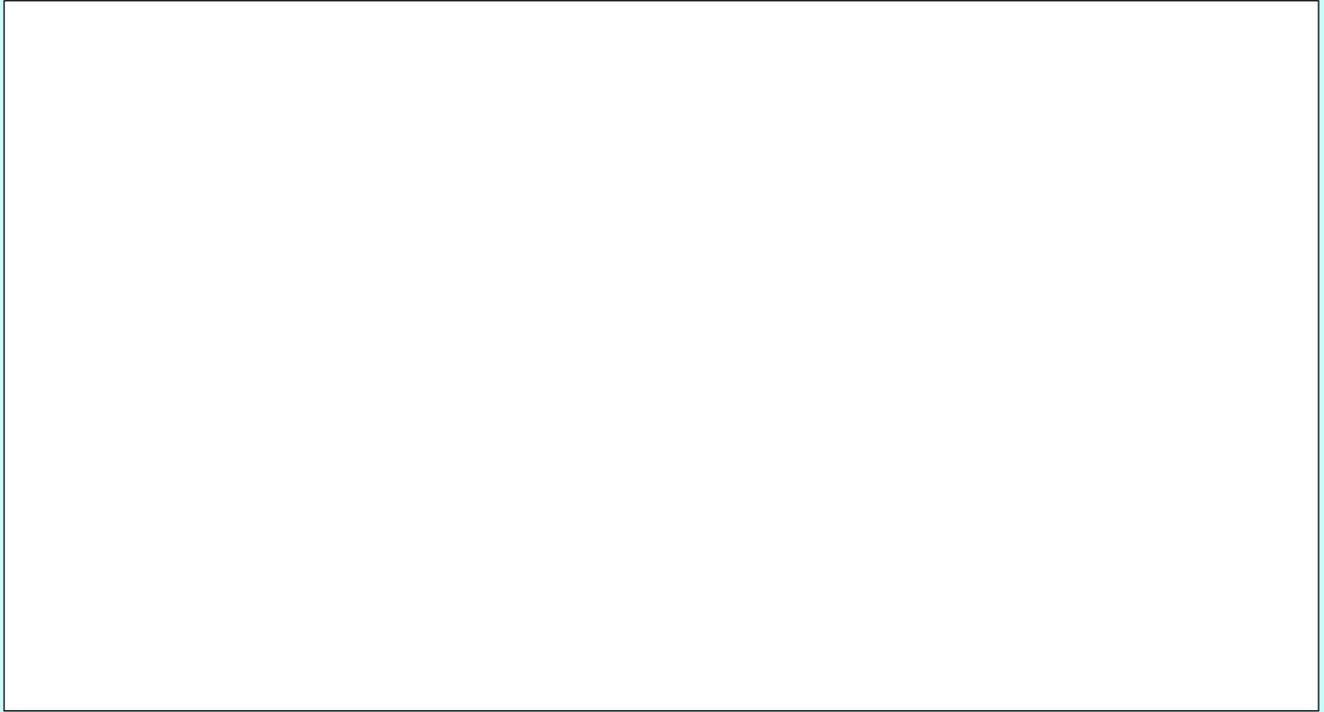
12c. Dressing

- Needs no assistance or supervision from another person
- Needs some assistance or supervision from another person
- Needs a great deal of assistance or supervision from another person
- Resident is totally dependent

12d. Transferring (moving from or to a bed or chair)

- Needs no assistance or supervision from another person
- Needs some assistance or supervision from another person
- Needs a great deal of assistance or supervision from another person
- Resident is totally dependent

13. Is there anything else you would like to say about your resident's nursing home?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to question 13.

**If you would like to print a copy of your survey, click on "Print" at the bottom of the page and then click on "Submit" to submit your survey.**

**\*\*\*Please note: you will NOT be able to print your survey after you click on "Submit".\*\*\***