

Facility ID:



Ohio Department of Aging Family Satisfaction Survey 2006



Marking Instructions

Use a dark-colored ink (ball-point, gel, roller-ball, felt-tip will all work well). Please do not use pencil.
If you make a mistake, cross out the incorrect answer and check the correct one.

Correct:

If you make a mistake:

***** Please do not fold your survey *****

Admissions

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, Never</i>	<i>Don't know /Doesn't apply to resident</i>
1. Did the staff provide you with adequate information about the different services in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the staff give you clear information about the cost of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall, were you satisfied with the admission process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social services

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
5. Does the social worker follow-up and respond quickly to your concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the social worker treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, are you satisfied with the quality of the social workers in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
8. Does the resident have enough to do in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the facility activities things that the resident likes to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the resident satisfied with the spiritual activities in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the activities staff treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, are you satisfied with the activities in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Choices

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
13. Can the resident go to bed when he/she likes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can the resident choose the clothes that he/she wears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Can the resident bring in belongings that make his/her room feel homelike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the staff leave the resident alone if he/she doesn't want to do anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the staff let the resident do the things he/she wants to do for himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direct Care and Nursing Staff

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
18. Does a staff person check on the resident to see if he/she is comfortable (asks if he/she needs a blanket, needs a drink, needs a change in position)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. During the week, is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. During the weekends, is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. During the evening and night, is a staff person available to help the resident if he/she needs it (get a blanket, get a drink, needs a change in position)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are the nurse aides gentle when they take care of the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do the nurse aides treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do the nurse aides spend enough time taking care of the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Overall, are you satisfied with the nurse aides who care for the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapy

- | | Yes,
always | Yes,
sometimes | No, hardly
ever | No,
never | Don't
know
/Doesn't
apply to
resident |
|--|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 27. Does the physical therapist spend enough time with the resident? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Does the occupational therapist spend enough time with the resident? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Administration

- | | Yes,
always | Yes,
sometimes | No, hardly
ever | No,
never | Don't
know
/Doesn't
apply to
resident |
|--|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 29. Is the administration available to talk with you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Does the administration treat you with respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Overall, are you satisfied with the administration here? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Meals and Dining

- | | Yes,
always | Yes,
sometimes | No, hardly
ever | No,
never | Don't
know
/Doesn't
apply to
resident |
|---|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 32. Does the resident think that the food is tasty? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Are foods served at the right temperature (cold foods cold, hot foods hot)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Can the resident get the foods he/she likes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Does the resident get enough to eat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Overall, are you satisfied with the food in the facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Laundry

	Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't know /Doesn't apply to resident
37. Do the resident's clothes get lost in the laundry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Do the resident's clothes get damaged in the laundry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment

	Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't know /Doesn't apply to resident
39. Can the resident get outdoors when he/she wants to, either with help or on their own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Can you find places to talk with the resident in private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is the resident's room quiet enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Are you satisfied with the resident's room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Are the public areas (dining room, halls) quiet enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Does the facility seem homelike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Is the facility clean enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are the resident's belongings safe in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are you satisfied with the safety and security of this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Questions

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
48. Are your telephone calls handled in an efficient manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Do residents look well-groomed and cared for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is the staff here friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Do you get adequate information from the staff about the resident's medical condition and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Are you satisfied with the medical care in this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Would you recommend this facility to a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Overall, do you like this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background Information

1. How old is the resident (years)?

Example: 85

	0	<input type="checkbox"/>
1	1	<input type="checkbox"/>
2	2	<input type="checkbox"/>
3	3	<input type="checkbox"/>
4	4	<input type="checkbox"/>
5	5	<input checked="" type="checkbox"/>
6	6	<input type="checkbox"/>
7	7	<input type="checkbox"/>
8	8	<input checked="" type="checkbox"/>
9	9	<input type="checkbox"/>

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

2. How old are you (years)?

Example: 85

	0	<input type="checkbox"/>
1	1	<input type="checkbox"/>
2	2	<input type="checkbox"/>
3	3	<input type="checkbox"/>
4	4	<input type="checkbox"/>
5	5	<input checked="" type="checkbox"/>
6	6	<input type="checkbox"/>
7	7	<input type="checkbox"/>
8	8	<input checked="" type="checkbox"/>
9	9	<input type="checkbox"/>

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

3. What is your race/ethnicity?

Asian/Pacific Islander	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African American/Black	<input type="checkbox"/>	Native American/Indian	<input type="checkbox"/>
Caucasian/White	<input type="checkbox"/>	Other	<input type="checkbox"/>

6. What is your educational level?

Less than high school	<input type="checkbox"/>	Completed college	<input type="checkbox"/>
High school completed	<input type="checkbox"/>	Master's or higher	<input type="checkbox"/>

4. Mark the gender for the resident

Male

Female

5. Mark the gender for you

Male

Female

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	<input type="checkbox"/>	Two or three times a month	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Few times a year	<input type="checkbox"/>

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

Help with:

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

10. What is your relationship to the resident? I am their _____.

Spouse	<input type="checkbox"/>	Brother/sister	<input type="checkbox"/>
Child	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Niece/Nephew	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
Son/Daughter in law	<input type="checkbox"/>	Other	<input type="checkbox"/>

11. Do you talk to the following staff?

	Always	Sometimes	Never
I. Nurse Aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Administrators(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How is the resident's nursing home care paid for? (Mark all that apply.)

Medicare	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>
Private Pay (entire bill paid by resident, family funds)	<input type="checkbox"/>
Long Term Care Insurance	<input type="checkbox"/>
Other Insurance	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

13. Does the resident know the current season?

Always	Sometimes	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Does the resident recognize you?

Always	Sometimes	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Does the resident know he/she is in a nursing home?

Always	Sometimes	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Where was the resident before being admitted to this nursing home? (Mark only one.)

Own home	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Another nursing home	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

17a. 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.....*

17c. 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.....*

17b. 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.....*

17d. 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.....*

Thank you for your time! Your participation will help others know more about Ohio nursing homes. Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-54. Place your completed survey in the business reply envelope and drop into the mail.

***** Please do not fold your survey *****

Return to:

**Scripps Gerontology Center
Miami University
Oxford, OH 45056**