



Supportive/Continuing Care Satisfaction Survey

Resident Care Conferences are intended to provide an exchange of information between the resident, family and interdisciplinary team. They are held on an annual basis or more frequently. We ask for your assistance by completing this survey. It allows you the chance to provide any comments and/or concerns that you may have regarding your care or family member’s care. If appropriate please assist your family member in completing this survey as it gives our facility a chance to enhance the quality of care for our residents.

DATE: _____

Resident Information:

1. Place of Residence:

2. Resident’s Gender: Male Female

3. Resident’s Age: Less than 45 66-75
 46-55 76-85
 56-65 85+

4. How long have you or your family member been a resident?
 Less than 6 weeks 3 to 5 years
 6 weeks to 1 year 5 to 10 years
 1 to 3 years more than 10 years

Resident Questions:

5. *Meals:*

Do you get assistance required with your meals? Yes No
Do you get enough to eat? Yes No
Are your meals appealing? Yes No
Is the temperature of your food suitable? Yes No
Are you given enough time to eat? Yes No

Comments:

6. *Environment:*

Generally is your room temperature suitable? Yes No
Generally is the facility temperature suitable? Yes No
Is your bed comfortable? Yes No
Is the facility quiet enough for you? Yes No
Is your room/home clean? Yes No
Are repairs done adequately and in a timely fashion? Yes No



Comments:

7. *Laundry:*

- Do your clothes return clean? Yes No
Do your clothes return in good condition? Yes No
Do your clothes return in a timely manner? Yes No

Comments:

8. *Roommate:*

- Are you comfortable with your roommate? Yes No N/A

Comments:

9. *Therapies:*

- a) Recreation:
Are there adequate/appropriate programs (activities) to meet your needs?
 Yes No

Comments:

- b) Physiotherapy/Occupational Therapy: Yes No N/A

Comments:

10. *Staff:*

- Are all the staff friendly and caring? Yes No
Does the staff provide choices and or flexibility for resident care needs?
 Yes No
Does the staff provide care in a professional manner? Yes No
Are care and treatments explained by the staff providing care? Yes No

Comments:

11. *Bathing:*

- How often do you receive a bath? _____
How often would you like to receive a bath? _____

Comments:



12. *Physician Visits:*

Are your medical needs attended to promptly?

Yes

No

Comments:

13. *Spiritual:*

Do you have an opportunity to attend chapel services?

Yes

No

Do you wish to attend religious/spiritual activities?

Yes

No

Comments:

14. *Psycho/Social Well-being?*

Is your privacy respected when receiving your care needs?

Yes

No

Are your valuables handled carefully?

Yes

No

Are you given enough time to exercise your independence?

Yes

No

Comments:

Family Questions (if applicable)

15. *Communication:*

Is there adequate communication concerning resident care?

Yes

No

Is it timely and courteous?

Yes

No

Comments:

16. *Care:*

Do you feel your loved one is having their care needs met?

Yes

No

Comments:

17. *Staff:*

Do you find the staff is kind, caring and courteous?

Yes

No

Comments:



18. Do you have any suggestions to improve the quality of your loved one's life in their LTC residence?

Comments:

Survey #