

## CHESTEMM HEALTH & REHABILITATION CENTER PATIENT/RESIDENT SATISFACTION SURVEY

Date: \_\_\_\_\_

#	Patient Satisfaction Questions	Yes	No	Comments
1	Was the admission process well organized and orderly?			
2	Was your room comfortable?			
3	Were you extended privacy as needed?			
4	Were your family members and other visitors treated satisfactorily?			
5	Did you like your daily routine? (what time you get up, etc.)			
6	If you received physical, occupational or speech therapy, did it meet your goals?			
7	Was the facility and your room clean?			
8	Were quiet hours respected?			
9	Are the people who work here polite?			
10	In general, did you like the food here and were your portions sufficient?			
11	If there were conflicts with your roommate, were they resolved to your satisfaction?			
12	Could you usually find something going on that you wanted to attend?			
13	Did the nurses respond quickly to your questions and concerns?			
14	Did the nurses aides respond quickly to your calls for help?			
15	Were you involved in developing your pain management plan?			
16	Was your pain adequately controlled? If not, please explain.			
17	Did Social Services respond quickly to address your questions and needs?			
18	Did Social Services connect you with the right kind of services to help you prepare for home or discharge?			

If you could have changed one thing about your care, what would it have been?

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Describe something we did that has pleased you.

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Was there anything we did during your stay that disappointed you?

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## CHESTEMM HEALTH & REHABILITATION CENTER FAMILY SATISFACTION SURVEY

Date: \_\_\_\_\_

#	SATISFACTION ITEMS	AGREE	DISAGREE	COMMENTS
1	The facility had a good program of family involvement such as family/patient activities, family/patient dinners, family meetings.			
2	You knew whom to contact in the facility if you have a question or concern.			
3	When you had a question or concern, the problem was resolved quickly and to your satisfaction.			
4	Your suggestions were welcomed.			
5	You and the staff worked cooperatively together to care for your family member.			
6	When you visited your family member did you find him/her to be neatly groomed and dressed?			
7	The facility and your family member's room was neat and clean.			

Would it be possible for us to contact you in the future? Yes or No

If yes, please provide name and number,

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If you could change one thing about the way we cared for you loved one, what would it be?

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Describe something we did that has pleased you or your loved one.

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Was there anything we did during your loved one's stay that disappointed you?

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