SAMPLE: Survey for Discharged Post-Acute Patients/Residents

Person completing the form:

☐ Patient/Resident    ☐ Family Member (specify relationship): ___________________________

Admission Date: ___________________ Date of Discharge: ___________________

Was your admission expected? ☐ Yes ☐ No

Did you have a roommate? ☐ Yes ☐ No

Were you on a restricted diet during your stay? ☐ Yes ☐ No

Did a staff member confirm whether you have an advance directive/living will? ☐ Yes ☐ No

If no, did you receive information and have your questions answered regarding development of a Living Will/Advance Directive? ☐ Yes ☐ No

Were your rights as a patient/resident explained and did you receive a written copy? ☐ Yes ☐ No

Gender

☐ Male ☐ Female ☐ Female-Male ☐ Male-Female

Age:

<table>
<thead>
<tr>
<th>Your Overall Health</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate your overall health?</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

After discharge, did you receive a follow-up call inquiring how you are doing?

☐ Yes ☐ No

Please rate the following services based on your experience.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
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<tbody>
<tr>
<td>Admission</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Courtesy/Professionalism of Admitting Staff Members</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Transition from Facility</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Orientation to Room</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Orientation to Facility</td>
<td>☐</td>
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### SAMPLE: Post-Acute Survey for Discharged Patients

<table>
<thead>
<tr>
<th>Room</th>
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<th>Very Good</th>
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</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Room Temperature</td>
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<tr>
<td>Noise Level</td>
<td></td>
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<tr>
<td>Equipment (e.g., Bed, TV)</td>
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<tr>
<td>Courtesy/Professionalism of Housekeeping Staff Members</td>
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<table>
<thead>
<tr>
<th>Meals</th>
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<tbody>
<tr>
<td>Courtesy of Food Service Staff Members</td>
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<tr>
<td>Temperature of Food</td>
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<tr>
<td>Quality of Food</td>
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<tr>
<td>Choice of Food</td>
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<table>
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<tr>
<th>Nurses</th>
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<th>Fair</th>
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<tbody>
<tr>
<td>Courtesy/Professionalism of Nurses</td>
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<tr>
<td>Promptness of Response to Call Bell</td>
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<tr>
<td>Attention to Special Needs</td>
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<tr>
<td>Understanding of Medication and Its Effects</td>
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<tr>
<td>Nurse-to-Patient Communication</td>
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<tr>
<td>Skill of Nurses</td>
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<table>
<thead>
<tr>
<th>Physical Therapy</th>
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<tbody>
<tr>
<td>Courtesy/Professionalism of Staff Members</td>
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<tr>
<td>Attention to Special Needs</td>
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<tr>
<td>Frequency of Therapy</td>
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<tr>
<td>Skill of Staff Members</td>
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</table>

<table>
<thead>
<tr>
<th>Visitors &amp; Family Experience</th>
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<th>Fair</th>
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<th>Very Good</th>
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<tbody>
<tr>
<td>Courtesy of Receptionist</td>
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<td>Accommodations in Room</td>
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<tr>
<td>Staff Member Attitudes Toward Visitors</td>
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<table>
<thead>
<tr>
<th>Family Meeting</th>
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</thead>
<tbody>
<tr>
<td>Flexibility in Scheduling</td>
<td></td>
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<tr>
<td>Information Provided</td>
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<tr>
<td>Follow Through by Staff Members</td>
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# SAMPLE: Post-Acute Survey for Discharged Patients

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<tr>
<th></th>
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<th>Fair</th>
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<th>Very Good</th>
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</thead>
<tbody>
<tr>
<td><strong>Physician</strong></td>
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<tr>
<td>Courtesy/Professionalism of Physician</td>
<td>☐</td>
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<td>☒</td>
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<tr>
<td>Information Provided by Physician</td>
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<tr>
<td>Time Spent with You</td>
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<tr>
<td>Response to Your Questions and/or Concerns</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Skill of Physician</td>
<td>☐</td>
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<tr>
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<tbody>
<tr>
<td><strong>Discharge</strong></td>
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<tr>
<td>Your Readiness for Discharge</td>
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<tr>
<td>Speed of Discharge</td>
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<tr>
<td>Verbal Instructions (Clarity of Information)</td>
<td>☐</td>
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<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
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</thead>
<tbody>
<tr>
<td><strong>Personal Care Issues</strong></td>
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<tr>
<td>Pain Management</td>
<td>☐</td>
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</tr>
<tr>
<td>Respect for Privacy and Dignity</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Response to Complaints</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Efforts to Include You in Decisions in Your Care</td>
<td>☐</td>
<td>☐</td>
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<td>☒</td>
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<th>Fair</th>
<th>Good</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Experience</strong></td>
<td></td>
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</tr>
<tr>
<td>Overall Impression of Facility</td>
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<tr>
<td>Likelihood of Recommending this Facility</td>
<td>☐</td>
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</tr>
<tr>
<td>Overall Rating</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

Comments (please highlight any good or bad experience):

Patient Name (optional):

Telephone (optional):

I would like to be contacted by phone to further discuss my concerns.  ☐ Yes  ☐ No