

# Nursing Home Family Experience of Care Survey

## Instructions

You have received this survey because you are listed as the person responsible for the nursing home resident listed below. **If someone else has more experience with the care, please pass this survey on to the family member or friend who has the most experience with the care the resident receives.** We ask that you take a few moments to fill out and return this survey. Answering the questions should take about 20 minutes of your time. Your participation will contribute to the information available to consumers when they consider nursing home options and also help nursing homes improve the quality they provide residents. Please be assured that the information you provide will be held in the strictest confidence.

• Use a pencil or blue or black pen.

Like this: ●

• Fill bubbles completely – do not mark answers with Xs or ✓s.

Not like this: ✗ ✓ ●

## Resident Information

For this survey, the phrase “resident” refers to: \_\_\_\_\_

1. Is the resident now living in the nursing home listed?

Yes  No → Please answer the questions about the resident's last 6 months at the nursing home.

2. What is **YOUR** relationship to the resident? I am the resident's ...

Spouse/Partner  Grandparent  Child  
 Parent  Aunt/Uncle  Friend  
 Mother-in-law/Father-in-law  Sister/Brother  Other (please specify) \_\_\_\_\_

3. In total, about how long has the resident lived in this nursing home?

Less than 3 months  6 months to 11 months  More than 2 years  
 3 months to almost 6 months  One or two years

4. Does the resident have serious memory problems because of Alzheimer's disease, dementia, stroke, accident, or something else?

Yes  No  Unsure

5. For each statement below, indicate how much you agree or disagree.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
a. The furniture and equipment are in good condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The dining experience is pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The community is well maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Interior and exterior lighting is adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parking is adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I believe my family member is safe here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I believe my family member's personal property is safe here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My family member's privacy is respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>