

Indiana Family and Social Services Administration Family Satisfaction Survey



**CORRECT
MARK**



Marking Instructions

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the circle completely.
- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

INCORRECT MARKS



1. What is your relationship to the resident at the nursing facility?

- Husband or Wife
- Son or Daughter
- Son-in-law or Daughter-in-law
- Brother or Sister
- Niece or Nephew
- Grandchild
- Friend
- Guardian/Conservator/Power of Attorney/
Case Manager

2. Are you male or female?

- Male
- Female

3. About how often do you visit the resident?

- Every day
- More than once a week
- About weekly
- Less than once a week, but more than once a month
- About once a month
- Less than once a month

4. About how often do you talk with the resident on the phone?

- Every day
- More than once a week
- About weekly
- Less than once a week, but more than once a month
- About once a month
- Less than once a month

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

	Excellent A	Very Good B	Average C	Below Average D	Failing F	Don't Know/Not Applicable NA
26. Including your thoughts and opinions in planning the resident's care	<input type="radio"/>					
27. Answering questions that you might have	<input type="radio"/>					
28. Making you feel confident in the care the resident receives	<input type="radio"/>					
29. Allowing you to provide help or care to the resident	<input type="radio"/>					
30. Not counting on you to provide more help than you want to provide	<input type="radio"/>					
31. Allowing the resident to choose to receive or refuse care	<input type="radio"/>					
32. Staff going the extra mile to resolve problems	<input type="radio"/>					
33. Management responding well to your concerns	<input type="radio"/>					
34. Quality of care provided in the nursing facility	<input type="radio"/>					
35. Quality of nursing facility as a place to live	<input type="radio"/>					

36. Rating the nursing facility on a scale where 5=extremely confident and 1=not at all confident, how confident are you that the resident is well cared for whether you are present or not?	Extremely Confident					Not at all Confident
	5	4	3	2	1	
	<input type="radio"/>					

37. Rating the nursing facility on a scale where 5=extremely high and 1=extremely low, how enthusiastically would you recommend this nursing facility to another family?	Extremely High					Extremely Low
	5	4	3	2	1	
	<input type="radio"/>					

For Office Use Only

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