

PATIENT SATISFACTION SURVEY

Patient's Initials: _____ Date: _____ Interviewer: _____

Admission Date(if admitted within past 90 days): _____

Please rate the questions below, in your opinion, from 1-5. One is the least satisfactory and five is the most satisfactory. If a question is not applicable to your stay, please select "N/A". If you would like to decline answering a question please select "D". Your feedback is valuable and allows Sudbury Pines Extended Care to continue to improve while providing the best possible care. At your convenience please fill out the survey below and return it to the admissions office. Thank you for your time.

1. How satisfied are you with the comfort of your room, including bed linens, towels, etc. provided by the facility?

1 2 3 4 5 D comments:

2. How do you like it here overall?

1 2 3 4 5 D comments:

3. How well do you feel your needs are being met?

1 2 3 4 5 D comments:

2

4. How satisfied are you with the type of activities offered meeting your needs?

1 2 3 4 5 D N/A comments:

2

5. How satisfied are you with the schedule activities are offered?

1 2 3 4 5 D N/A comments:

2