**Community Living Center (CLC) Resident Satisfaction Survey**

**Department of Veterans Affairs**



**Oklahoma City VA Medical Center**

**PRA Statement:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this consent form will average 10 minutes. This includes the time it will take to read information provided and gather the necessary facts to fill out the form. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**This is a voluntary survey about your CLC experience. Your ratings help improve our service to you and others. Circle the rating that best describes your satisfaction with the CLC. Feel free to add comments.**

**1. Facilities – How would you rate the CLC facilities overall?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Concern and caring by CLC medical providers (doctor, physician assistant, nurse practitioner): Courtesy and respect you were given; friendliness and kindness.**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Nurse Services – Thinking about your CLC stay, how would you rate courtesy and respect shown to you by nurses?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Physical Therapy – If you saw physical therapy during your CLC stay, how would   
you rate the quality of the services you received?**

Does not apply Poor Fair Good Very Good Excellent

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**5. Occupational Therapy – If you saw occupational therapy during your CLC stay,   
how would you rate the quality of services you received?**

Does not apply Poor Fair Good Very Good Excellent

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**6. Recreation Therapy (OASIS) – If you saw recreation therapy during your CLC stay,   
how would you rate the quality of the services you received?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Social Work: If you saw a social worker during your CLC stay, how would you rate   
the quality of the services you received?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Dietician: If you saw a dietician during your CLC stay, how would you rate the quality   
of nutritional care you received?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Speech Therapy – If you saw speech therapy during your CLC stay, how would you   
rate the quality of the services you received?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Psychology – If you saw psychology during your CLC stay, how would you rate the quality of services you received?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Psychiatry –In terms of your satisfaction, how would you rate the psychiatry   
doctor's explanation of what was done for you?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Pharmacist – My pharmacist explained things thoroughly.**

Does not Strongly Disagree Not Sure Agree Strongly

Apply Disagree Agree

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. Chaplain – If you saw a Chaplain during your CLC stay, how would you rate the   
quality of services you received?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15. Thinking about your CLC stay, please rate how well you were helped?**

Does not apply Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16. Please rate your overall sense of safety on the CLC:**

Poor Fair Good Very Good Excellent

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**17. Please rate the overall quality of care and services on the CLC:**

Poor Fair Good Very Good Excellent

**18. Thinking about your CLC stay, how well did your CLC stay meet your needs?**

Did not meet Partly met Fully met

my needs my needs my needs

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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