



Community Living Center (CLC) Resident Satisfaction Survey Oklahoma City VA Medical Center

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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

Comments _____

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

Comments _____

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

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
my needs

Partly met
my needs

Fully met
my needs

Comments _____

_____ Name (Optional) _____