**Home Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Page 1 of 1**

**RESIDENT QUESTIONNAIRE**

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| QUESTIONNAIRE NO: \_\_\_\_\_  Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| ELEMENT | | | SCORE | | | | | | | | | | | | | | | COMMENTS |
| 1 | | | 2 | | | 3 | | | 4 | | | 5 | | |
| *SCORE RATING:* *1 = Very Poor 2 = Poor 3 = Satisfactory 4 = Good 5 = Very Good* | | | | | | | | | | | | | | | | | | |
| **A: THE STAFF IN THE HOME** | | | | | | | | | | | | | | | | | | |
| Do staff treat you courteously? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do staff treat you with respect? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do staff always give help readily & pleasantly when asked? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you find staff generally cheerful? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do staff listen to your requests? | | |  | | |  | | |  | | |  | | |  | | |  |
| Have staff always taken care of your problems? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you feel happy & confident asking staff to do things for you? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you feel that you can complain if necessary? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you feel that it would be acted upon? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you know how to complain formally? | | | YES | | | | | |  | | | NO | | | | | |  |
| **B: YOUR DAILY CARE** | | | | | | | | | | | | | | | | | | |
| Do you choose when to wake up in the morning? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you choose when to get up in the morning? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you choose when to go to bed at night? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do staff interrupt your sleep during the night? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you choose what to wear during the day? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do staff help you to wash and dress if asked? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do staff give help with bathing when asked? | | |  | | |  | | |  | | |  | | |  | | |  |
| Do you feel that you can see your GP when you need to? | | |  | | |  | | |  | | |  | | |  | | |  |
| Are you given as much freedom as you would like? | | |  | | |  | | |  | | |  | | |  | | |  |
| Is there anything in your daily routine you would like changed? | | | YES | | | | | |  | | | NO | | | | | |  |
| **C: COMFORT / CLEANLINESS / CONVENIENCE** | | | | | | | | | | | | | | | | | | |
| How do you rate the comfort of your room? | |  | | |  | | |  | | |  | | |  | | |  | |
| Are you happy with your room and its facilities? | |  | | |  | | |  | | |  | | |  | | |  | |
| How do rate the comfort of the lounges? | |  | | |  | | |  | | |  | | |  | | |  | |
| How do rate the comfort of the dining room? | |  | | |  | | |  | | |  | | |  | | |  | |
| How do you rate the cleanliness of the lounges? | |  | | |  | | |  | | |  | | |  | | |  | |
| How do rate the cleanliness of the dining room? | |  | | |  | | |  | | |  | | |  | | |  | |
| Is your room kept as clean and tidy as you would like? | |  | | |  | | |  | | |  | | |  | | |  | |
| How do rate the cleanliness of the bathrooms & toilets? | |  | | |  | | |  | | |  | | |  | | |  | |
|  | |  | | |  | | |  | | |  | | |  | | |  | |
| **D: OUR PLANNED SOCIAL ACTIVITIES** | | | | | | | | | | | | | | | | | | |
| How do you rate the Activities Programme ? | |  | | |  | | |  | | |  | | |  | | |  | |
| Do you attend them? | | YES | | | | | |  | | | NO | | | | | |  | |
| If so, which are your favourites? | |  | | | | | | | | | | | | | | |  | |
| Would you like to have activities / entertainment more often? | | YES | | | | | |  | | | NO | | | | | |  | |
| Would you like to have more excursions / community visits? | | YES | | | | | |  | | | NO | | | | | |  | |
|  | |  | | | | | |  | | |  | | | | | |  | |
| **E: OUR LAUNDRY SERVICE FOR YOUR CLOTHES** | | | | | | | | | | | | | | | | | | |
| Are you satisfied with the laundering and ironing of your clothes? | |  | | |  | | |  | | |  | | |  | | |  | |
| Do staff help you to sort items for washing? | |  | | |  | | |  | | |  | | |  | | |  | |
| Do staff help you to put away your clean clothes? | |  | | |  | | |  | | |  | | |  | | |  | |
|  | |  | | |  | | |  | | |  | | |  | | |  | |
| **F: OUR FOOD & CATERING SERVICES** | | | | | | | | | | | | | | | | | | |
| Do you like the food in the Home? |  | | |  | | |  | | |  | | |  | | |  | | |
| Do you have sufficient food? |  | | |  | | |  | | |  | | |  | | |  | | |
| Do you have special diets? |  | | |  | | |  | | |  | | |  | | |  | | |
| If the menu is not to your liking, are you offered something else? |  | | |  | | |  | | |  | | |  | | |  | | |
| Is the food presented well? |  | | |  | | |  | | |  | | |  | | |  | | |
| Is the food served hot or cold, as intended? |  | | |  | | |  | | |  | | |  | | |  | | |
| Are meals served at suitable times? |  | | |  | | |  | | |  | | |  | | |  | | |
| Can you choose when to eat your meals? |  | | |  | | |  | | |  | | |  | | |  | | |
| Can you eat your meals in your room? |  | | |  | | |  | | |  | | |  | | |  | | |
| Are you given enough time to eat your meals? |  | | |  | | |  | | |  | | |  | | |  | | |
| Are you offered help with your meals if you need it |  | | |  | | |  | | |  | | |  | | |  | | |
| Are you offered bedtime snacks? |  | | |  | | |  | | |  | | |  | | |  | | |
| **G: YOUR DEMOCRATIC RIGHTS** | | | | | | | | | | | | | | | | | | |
| Do you know that the Home has a Residents' Charter of Rights? |  | | |  | | |  | | |  | | |  | | |  | | |
| Have the staff discussed these Rights with you? |  | | |  | | |  | | |  | | |  | | |  | | |
| Do you know that you have the right to vote? |  | | |  | | |  | | |  | | |  | | |  | | |
| Do you know you have the right to refuse medication? |  | | |  | | |  | | |  | | |  | | |  | | |
| Do you know you have the right to be kept informed of progress? |  | | |  | | |  | | |  | | |  | | |  | | |
| Do you know you have the right to inspect your financial records? |  | | |  | | |  | | |  | | |  | | |  | | |
| Are you aware of the Lost Property / Theft Policy? |  | | |  | | |  | | |  | | |  | | |  | | |
| Do staff explain who officials to the Home are? |  | | |  | | |  | | |  | | |  | | |  | | |

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| **H: YOUR PRIVACY & INDEPENDENCE** | | | | | | | |
| Do you feel that you are given adequate privacy? |  |  |  |  |  |  | |
| Do staff knock on your door before entering your room? |  |  |  |  |  |  | |
| Do you feel that staff respect your confidential affairs? |  |  |  |  |  |  | |
| Do staff talk inappropriately about other Residents in front of you? |  |  |  |  |  |  | |
| Can you make telephone calls in private? |  |  |  |  |  |  | |
| Can you choose how hot or cold you want your room? |  |  |  |  |  |  | |
| Do you understand that windows / doors must be locked at night? |  |  |  |  |  |  | |
| Can you lock drawers or cupboards in your room? |  |  |  |  |  |  | |
| Can you watch TV in your room when you want to? |  |  |  |  |  |  | |
| **I: HEALTH & SAFETY WITHIN THE HOME** | | | | | | | |
| Have the staff shown you where the fire exits are? |  |  |  |  |  |  | |
| Do you know what to do if the Fire Alarm rings? |  |  |  |  |  |  | |
| Are you aware of risks to your health or safety? |  |  |  |  |  |  | |
| Do you understand why your electrical items are regularly checked? |  |  |  |  |  |  | |
| Do you know where you can and can't smoke in the Home? |  |  |  |  |  |  | |
| Do staff respond promptly to the Alarm Call System? |  |  |  |  |  |  | |
| Is the Alarm Call System easy to use? |  |  |  |  |  |  | |
| **J: CONCLUSION** | | | | | | | |
| What three things do you like most about the Home? | | | | | | |  |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| If you could change one thing about the Home, what would it be? | | | | | | |  |
| 1. | | | | | | | |
| **I: OTHER COMMENTS** | | | | | | | |
|  | | | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |