**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |