

**YOUR CARE**

Do you believe the care you receive is delivered professionally?  
 Are we responsive to changes in your needs?  
 Do we provide you with support when required?  
 Do you have personal involvement in your care plan?  
 Is the home well managed/well led?

	Yes definitely	To some extent	No	N/A
Do you believe the care you receive is delivered professionally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are we responsive to changes in your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we provide you with support when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have personal involvement in your care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the home well managed/well led?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL**

**How long have you stayed with us?**

less than 6 months     6 - 12 months     Over 12 months

**Please tell us if we are**

Getting better     Staying the same     Getting worse

**If you have any comments or suggestions you would like to make please let us know here:**

**If you would like a response to this survey please write your name here, otherwise please leave blank:**

**Please place the form in the envelope provided and hand to the manager or post directly to the company conducting the survey on our behalf. No stamp is required. THANK YOU.**

FOR EXAMPLE ONLY

# FOR EXAMPLE ONLY



## Residents' Opinion Survey

Your opinions make a difference

Residents' Opinion Survey  
 FREEPOST (TK 1900)  
 TWICKENHAM TW1 4BR

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# Resident Survey

We aim to provide the highest standards of comfort and care for every resident and we regard your opinions and comments as extremely valuable. We use them to identify areas of success and opportunities for improvement. To help us measure our level of achievement we would be grateful if you could complete this questionnaire about your experience of living in our home. Naturally, all observations will be treated in strictest confidence unless you indicate otherwise.

Please place a cross in the appropriate box to each question, where applicable and return the completed questionnaire to reception for collection and onward posting or post in the envelope supplied.

## Are you..

- Completing on behalf of a resident
- A Resident

## YOUR OVERALL OPINIONS

How likely would you be to recommend us to a friend or family member if they needed our services?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't know

Please give your opinion of the overall quality of service you receive here

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Very Good	Good	Fair	Poor

## OUR TEAM

Please give your opinion about each of the following:

- The helpfulness and friendliness of the team
- How well we communicate information to you

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Very Good	Good	Fair	Poor	N/A

Are the team members willing and able to help you?

- Yes definitely
- To some extent
- No
- N/A

## ACCOMMODATION, SERVICES & CATERING

Please give your opinion about each of the following:

- The facilities within your room
- The housekeeping services you have received
- The comfort of communal areas
- The cleanliness of communal areas
- The general appearance of the buildings and grounds
- Providing assistance with eating, if required
- The food choice, quality and presentation
- Providing a variety of meals/snacks and special diets

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Very Good	Good	Fair	Poor	N/A

## RESPECT AND DIGNITY

Do we respect the following?

- Your cultural needs
- Your religious beliefs
- Your privacy
- Your dignity
- Your confidentiality

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, always	Yes, sometimes	No	N/A

Have you encountered any problems since you arrived?  
If yes, have they been resolved?

- Yes completely
- Partially
- No, not yet

## ACTIVITIES

- Do we provide sufficient activities to keep you occupied?
- Do we provide sufficient indoor activities?
- Do we provide sufficient outside and community based activities?
- Do we give you opportunities to join in the activities of your choice?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes definitely	Generally	Not really	Not at all	N/A

Please list below any additional activities you would like us to provide: