



RESIDENT FEEDBACK

Wing: \_\_\_\_\_

Room Number: \_\_\_\_\_

Date: \_\_\_\_\_

[Empty rectangular box for notes or comments]

This form to be completed with Resident/Representative:

- a) At annual review
- b) At intermediate surveys

Review Date:.....

Reviewed By:.....

- Are you happy with your accommodation: Yes  No
- Are you satisfied with the food Yes  No
- Are you happy with seating in Dining Room: Yes  No
- Do you participate in any of the organised activities Yes  No
- Are you happy with the Laundry Service: Yes  No
- Are you satisfied with the way your room is cleaned: Yes  No
- Do you feel you get enough exercise: Yes  No
- Do you sleep well at night: Yes  No
- Do you feel you have enough privacy: Yes  No
- Is there anything about the personal care you receive that we could do better: Yes  No
- Are you happy with the service that your chemist provides: Yes  No
- Are there any problems with your medication: Yes  No
- Do you feel secure in the home: Yes  No
- If the Fire Bell sounds do you know what to do: Yes  No
- Are you happy with the staff that cares for you: Yes  No
- If you had a sensitive complaint, do you know what to do about it: Yes  No



RESIDENT FEEDBACK

Wing: \_\_\_\_\_

Room Number: \_\_\_\_\_

Date: \_\_\_\_\_

Is there anything you would like us to do differently: Yes  No

Comments:.....  
.....  
.....

Care Plan discussed with Resident/Relative Yes  No

Comment:.....  
.....  
.....

Signature: ..... R.N.....

Signature: ..... Resident/Relative.....

Date: .....

**Action Taken:**

---

---

---

---

Date:      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Your cooperation is greatly appreciated.*