Aged Care Family Survey

Thank you for taking a few minutes to share your experience. Your family member's wellbeing matters deeply to us, and your honest feedback helps our team keep improving the care we provide. Please fill the checkboxes completely using a blue or black pen. Your answers are confidential.

Your experience of our care

Please tell us how much you agree with each statement about your family member's care.

Please cross one in each line

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My family member receives good quality care	◯	◯	◯	◯	◯
Staff treat my family member with dignity and respect	◯	◯	◯	◯	◯
The staff communicate well with our family	◯	◯	◯	◯	◯
My family member is safe and well cared for	◯	◯	◯	◯	◯
The environment is clean and comfortable	◯	◯	◯	◯	◯
Meals and activities meet my family member's needs	◯	◯	◯	◯	◯

Would you recommend us

How likely are you to recommend this home to other families? *(Please cross one)*

- ◯ Very likely
- ◯ Likely
- ◯ Neutral
- ◯ Unlikely
- ◯ Very unlikely

Your suggestions

Is there anything we could do better?

Thank you for your feedback. Please return this form to reception or post it back in the reply-paid envelope provided. We are always here to talk if you have any concerns.

To respond ⊗ or ●

DRFT 0001

PREVIEW