# Care Conference Resident/Family Satisfaction Survey

At this Care Home, we strive to meet and exceed expectations of care. We would appreciate your feedback to help us improve our care conferences. To assist in our efforts, please complete this form and return it to Name of DOC or Other at **emailaddress@carehome.com**.

*Please indicate your level of agreement with the following statements.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly  Disagree | Somewhat  Disagree | Neutral | Somewhat Agree | Strongly Agree |
| Prior to the care conference, I was given clear information about the time, date, location, time allotted, purpose, process and participants. |  |  |  |  |  |
| When I arrived at the care home for the conference the staff made me feel welcome. |  |  |  |  |  |
| At the beginning of the conference I was introduced to all the team members and their roles. |  |  |  |  |  |
| Each team member’s report or information made sense and was useful to me. |  |  |  |  |  |
| The facilitator did their best to involve me in the discussion. |  |  |  |  |  |
| I felt that I was listened to. |  |  |  |  |  |
| My questions and/ or concerns were addressed. |  |  |  |  |  |
| The care conference was valuable to me. |  |  |  |  |  |
| There was adequate time for the care conference. |  |  |  |  |  |
| The discussion about “Goals of Care” (MOST) was clear to me. |  |  |  |  |  |

**Overall, I found this care conference to be (please circle one):**

**Poor Fair Good Excellent**

**Do you have any additional comments? (Please write on the back of this form if necessary)**