# Care Conference Resident/Family Satisfaction Survey

At Name of Care Home, we strive to meet and exceed expectations of care, and your feedback can help us improve. 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.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | StronglyDisagree | SomewhatDisagree | 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 healthcare team made me feel welcome. |  |  |  |  |  |
| At the beginning of the conference, I was introduced to all the team members and their roles were explained. |  |  |  |  |  |
| 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)