



Questionnaire for Residents

We are trying to improve our service



This information will help us improve how we meet your needs and expectations



All responses are confidential and will only be used for improvement purposes

This questionnaire looks about your experiences of care and quality of life at the centre you live in.

Your participation in this questionnaire is voluntary. It will not affect the care you receive.

If you do not want to answer some of the questions, you do not have to give a reason.

Your answers will be treated in confidence.

It is important that we obtain your views as a person living in the centre. You can be supported by a relative/friend or staff member in completing this questionnaire.













Your answers will be invaluable in helping us improve on the service provided to enhance your daily life.

Questionnaire for Residents

Name of Centre:	
Date of Completion:	

Please tell us your views by inserting a tick (✓) through the symbol which best reflects your views:

How happy are you with:

- | | Happy | Neutral | Unhappy |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. How comfortable is your centre? |  |  |  |
| 2. How warm is your centre? |  |  |  |
| 3. Your access to shared areas where you can spend time with other residents or visitors? |  |  |  |
| 4. Your access to a garden or outdoor area? |  |  |  |

Is there anything about your centre or surroundings that you especially like or that you would like to change?



Your bedroom

How happy are you with:






















	Happy	Neutral	Unhappy
5. Your bedroom			
6. The amount of space you have for your belongings			
7. The security of your belongings			
8. Your laundry facilities			

Is there anything about your bedroom or your laundry arrangements that you especially like or that you would like to change?









Food and mealtimes

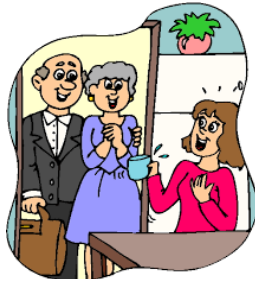
How happy are you with the:

	Happy	Neutral	Unhappy
9. Taste of the food			
10. Choice of food			
11. Amount of food			
12. Temperature of the food			
13. Times the meals are served			
14. Amount of time you get to eat your meal			
15. Access to drinks and snacks outside of mealtimes			

How happy are you with the:

	Happy	Neutral	Unhappy
16. Arrangements for grocery shopping			
17. Cooking and dining facilities available			

Is there anything about your food or the times that meals are served that you especially like or that you would like to change?



Your visitors

How happy are you with:

Happy

Neutral

Unhappy

18. The arrangements for visitors



19. Welcome your visitors get from staff



Is there anything about the arrangements for your visitors that you particularly like or that you would like to change?



Your rights

How happy are you with the amount of choice you have about:

	Happy	Neutral	Unhappy
20. What time you get up			
21. When you go to bed			
22. What you eat			
23. What you wear			
24. The activities you take part in			
25. The care and support you receive			

How happy are you with:













26. The amount of privacy you have			
27. How your respect and dignity is protected			
28. How safe you feel			

In general, are you happy with the amount of choice and control you have in your daily life? Is there anything you would like to change?



Your activities

How happy are you with:

	Happy	Neutral	Unhappy
29. Your relationships with other residents			
30. Your involvement in deciding on the activities in your centre			
31. How often you go outside your centre			
32. Your participation in the wider community outside of your centre			

What recreational or social activities do you enjoy in your centre?

What recreational, social, or other activities do you take part in, in your centre?

Are there any other activities that you would like to take part in or are there any activities you would like to take part in more often?



Your Personal Plan

33. Have you a Personal Plan?

Yes

No

I don't know

Do you feel you are getting the supports you need to allow you achieve your goals and objectives?



Staff

Are you happy that staff:

	Happy	Neutral	Unhappy
34. Are easy to talk to			
35. Listen to you			
36. Know you and your likes and dislikes			

How happy are you with the support you get from the staff when you are:

	I do not need support	Happy	Neutral	Unhappy
37. Getting dressed	<input type="checkbox"/>			
38. Washing	<input type="checkbox"/>			
39. Eating or drinking	<input type="checkbox"/>			
40. Moving about	<input type="checkbox"/>			
41. Taking part in social or recreational activities inside your centre	<input type="checkbox"/>			
42. Taking part in activities outside your centre	<input type="checkbox"/>			

Is there anything else you would like to say about the staff or staffing levels in your centre?



Complaints

Who would you speak to if you were unhappy with something in your centre

43. What is the title of this person?

- | | Yes | No | Not applicable to me |
|--------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 44. Have you ever made a complaint about something in your centre? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 45. Were you happy with the way your complaint was dealt with? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What was it about the way your complaint was dealt with that made you happy or unhappy?



Thank you for taking the time to complete this questionnaire

46. Who completed this form? (please tick as appropriate):

- I completed it by myself (resident living in the centre)
- A relative or friend supported me in completing the questionnaire at my request
- A staff member supported me in completing the form at my request
- Other please specify _____

Is there anything else you want to tell us about your experience of the centre?

47. If you would you like the Person in Charge to contact you to discuss anything in this questionnaire, please provide your name and contact phone number

Kindly adapted with permission of Leopardstown Park Hospital & the Health Information and Quality Authority



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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