

Discharge Questionnaire for Short-Stay/Rehabilitation

RE: NAME OF FACILITY

Please tell us about your daily life during your stay.

Place an X in the circle (select only one) that best describes your overall daily experience.

Admissions

	Strongly Agree			Strongly Disagree	Not Applicable
1. I felt welcomed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The person that did my admission paperwork took enough time to explain the material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I arrived, all the supplies and equipment I needed were available (for example, special mattress, bedside commode, oxygen).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The staff oriented me to the equipment in my room (including call light).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The staff oriented me to the daily schedule (including meal times).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinical Care

	Definitely or Almost Always			Rarely/ Never	Not Applicable
6. When I was there, I was confident that the staff knew their jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I was included as decisions were made concerning my health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was satisfied that the facility provided me with "best available" medical treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The nurses were friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My pain was well controlled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The nursing assistants were friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The nursing staff informed me about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about your daily life during your stay.
Place an X in the circle (select only one) that best describes your overall daily experience.

Therapy

	Definitely or Almost Always			Rarely/ Never	Not Applicable
13. My therapy included realistic preparation for going home (climbing stairs, dressing, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The therapist encouraged me to do my exercises.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The therapist explained the purpose of each exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The exercises helped me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The therapists were courteous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The therapy staff involved me in the therapy plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The therapists told me about my progress from day to day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The therapist knew what was safe for me to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The length of each therapy session was:	<input type="radio"/> Too Long <input type="radio"/> Just Right <input type="radio"/> Too Short				

Assistance

	Definitely or Almost Always			Rarely/ Never	Not Applicable
22. Someone answered my call for help/assistance right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I received help getting in and out of bed when I requested it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Problems were solved to my satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about your daily life during your stay.
Place an X in the circle (select only one) that best describes your overall daily experience.

Communication

	Definitely or Almost Always			Rarely/ Never	Not Applicable
25. The staff talked with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. The staff listened to what I said.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. A staff member (such as a social worker, head therapist, or head nurse) coordinated my stay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dining

	Definitely or Almost Always			Rarely/ Never	Not Applicable
28. I received a variety of foods there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I received fresh fruits and vegetables there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Food was served at the right temperature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I received the food I ordered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Environment & Safety

	Definitely or Almost Always			Rarely/ Never	Not Applicable
32. I was kept awake by noise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. The temperature in my room was comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. The facility smelled clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I felt safe there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about your daily life during your stay.
Place an X in the circle (select only one) that best describes your overall daily experience.

Discharge

36. To my knowledge, the decision to discharge me was made by (check all that apply):

- the doctor
 the insurance company
 the facility staff
 my family and/or me

37. I was discharged (check only one):

- before I was physically ready
 at just about the right time
 too long after I was physically ready

	Strongly Agree			Strongly Disagree	Not Applicable
38. My family was involved in care conferences as much as I wanted them to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Post discharge arrangements were made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I felt prepared for discharge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I was given adequate discharge instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. The discharge plan met my needs after I left the facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Satisfaction

	Yes	No	Don't Know	Not Applicable	
43. Overall were you satisfied with this facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
44. Would you recommend this facility to a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
45. Overall, what grade would you give [Name of Facility], where A is the best it could be and F is the worst it could be? (Think of grades in school where A is the highest grade and F is the lowest grade.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DK/NA

Thank you!

46. Who completed this survey? (Check all that apply.)

- Short Stay Resident
 Spouse
 Friend
 Other Family Member (for example, son, daughter)
 Other

Please return your completed questionnaire in the pre-paid envelope to Vital Research, P.O. Box 5703, Hopkins MN, 55343-7017. If you have any questions about the questionnaire, please call Viviane Norris at (888) 848-2555.