**Residents Questionnaire**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |

1. Do you feel you have settled in?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Are the facilities in your room adequate?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you feel we can make any improvements?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If Yes, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Is the quality of the food provided satisfactory?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Are there any maintenance issues that need to be addressed?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If Yes, please specify:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you feel safe and secure in your accommodation?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you have any concerns regarding the other tenants and/or staff? If so, please state.

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If Yes, please specify:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you have any other general concerns or any suggestions to improve the service?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If Yes, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you know who to contact in case of an emergency?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Would you like to see more activities or programs offered?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If Yes, please specify:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you feel your privacy is respected?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you pay your weekly service charge?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you understand how/why there is a service charge?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you feel satisfied with the level of support you are receiving?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Are the staff friendly and helpful?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you feel that your personal progress towards independence is being met?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Is the overall quality of the service satisfactory?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If No, please specify:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………