

Date: _____

Name: _____

Surgical Procedure: _____

Hospital: _____ Room#/Unit: _____

Rehab/Extended Care Facility: _____ Room#/Unit: _____

On a scale with 10 being the best, please circle one selection per question.

If you went to an inpatient rehabilitation facility complete this section:

❖ How would you rate the nursing care at the extended care?

1 2 3 4 5 6 7 8 9 10

❖ How would you rate the rest of the extended care staff?

1 2 3 4 5 6 7 8 9 10

❖ The timeliness of their response to your need for pain medication?

1 2 3 4 5 6 7 8 9 10

❖ How would you rate their physical therapy team?

1 2 3 4 5 6 7 8 9 10

❖ What was the frequency of your physical therapy appointments?

Monday – Friday None 1 time a day 2 times a day

Saturday – Sunday None 1 time a day 2 times a day

❖ How would you rate the overall cleanliness of the facility?

1 2 3 4 5 6 7 8 9 10

❖ How would you rate the facility overall?

1 2 3 4 5 6 7 8 9 10

❖ Would you return to this facility?

Yes No

❖ Would you mind if we shared your information with the rehab facility if we do not disclose your identity?

Yes No

❖ Is there anything you were unhappy with or would like to share in more details about?

If you used as Home Health Agency complete this section:

❖ How would you rate the nursing care of the home health provider?

1 2 3 4 5 6 7 8 9 10

❖ How would you rate the physical therapy of the home health provider?

1 2 3 4 5 6 7 8 9 10

❖ Would you use the home health agency again?

Yes No