

Assisted Living Resident Satisfaction Questionnaire

Please take a few moments to complete this questionnaire. Your feedback helps us improve our care, services, and community environment. This form is designed to be printed and filled out by hand.

1. General Information

Resident Name (Optional):

Apartment/Room Number:

Date:

How long have you lived here?

2. Accommodations and Environment

Please rate the following areas using a scale of 1 to 5 (1 = Very Dissatisfied, 5 = Very Satisfied):

Cleanliness of your apartment and common areas:

Maintenance and upkeep of the building and grounds:

Overall safety and security within the community:

3. Staff and Care Services

Please rate the following areas using a scale of 1 to 5 (1 = Very Dissatisfied, 5 = Very Satisfied):

Friendliness and courtesy of the staff:

Responsiveness of staff to your needs or requests:

Quality of medical and personal care support:

4. Dining and Meals

Please rate the following areas using a scale of 1 to 5 (1 = Very Dissatisfied, 5 = Very Satisfied):

Quality and taste of the meals provided:

Variety of menu choices offered:

Service in the dining room:

5. Activities and Social Life

Please rate the following areas using a scale of 1 to 5 (1 = Very Dissatisfied, 5 = Very Satisfied):

Variety and scheduling of recreational activities:

Community transportation services:

6. Comments and Suggestions

What do you like most about living here?

What areas could we improve to make your stay better?

Any other comments, compliments, or concerns?

Thank you for your valuable feedback. Please return this completed paper form to the front desk reception.