

[INSERT HOME NAME HERE]

Name of service user: \_\_\_\_\_

Person completing survey: \_\_\_\_\_

Date: \_\_\_\_\_

1. Could your move into a care home have been made easier?  Yes  No

Additional comment:

.....  
.....2. Were you able to bring in all the personal belongings to the care home that you wanted?  Yes  No

Additional comment:

.....  
.....3. Are you happy with the room you are in?  Yes  No

Additional comment:

.....  
.....

4. If you are not happy with the room you are in, what can the home do to help?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

5. Were you supported by a social worker or a nurse to move to this care home?

 Yes  No

Additional comment:

.....  
.....

[INSERT HOME NAME HERE]

Name of service user: \_\_\_\_\_

Person completing survey: \_\_\_\_\_

Date: \_\_\_\_\_

1. Were you able to continue seeing the same doctor as you had at home?

Yes  No

Additional comment:

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2. If not, did you have a choice in the doctor you registered with?  Yes  No

Additional comment:

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3. How often does the doctor visit you at home?

Weekly  Monthly  Other \_\_\_\_\_

Additional comment:

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4. Which of the following Health Professionals visit the home regularly?

Dentist  Optician  Chiropodist  Physiotherapist

Additional comment:

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5. If so, how often do they visit?

Weekly  Monthly  Other \_\_\_\_\_

Additional comment:

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Are you interested in Alternative Therapies?  Yes  No

Additional comment:

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