

[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:

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

Additional comment:

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

Additional comment:

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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:

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.....

[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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