

Name of service user	
Name of person completing survey	
Date	

Admission to Care - 1

1. Did you choose to come into a care home?



Yes

☐


No

☐


2. Did you get to meet some of the staff and visit the home before you moved in?



Yes

☐


No

☐


3. What were your concerns about moving into a care home?



A _____

B _____

C _____

Please use the other side of this form for any more comments



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Care Plan

1. Do you know what a care plan is?



Yes

☐


No

☐


2. Do you know if there is a care plan for you?



Yes

☐


No

☐


3. Do you know if the care plan is regularly reviewed?



Yes

☐


No

☐


4. Would you like a copy of your care plan?



Yes

☐


No

☐


Please use the other side of this form for any more comments

