

Dear Guest,

Thank you for choosing us for your short term rehabilitation needs. We are committed to making your stay as pleasant and comfortable as possible.

If you should have any questions or concerns at any time during your stay, please feel free to ask any of the staff and they will promptly alert the correct department manager.

We would greatly appreciate your taking the time to complete the attached survey card. Comments from our valued guests are essential for maintaining our high standards of quality care.

Again, thank you for choosing us. We look forward to reading your comments on the quality of your stay.

PLEASE HELP US SERVE YOU BETTER BY PROVIDING YOUR COMMENTS BELOW

### My Expectations Were:

	Exceeded	Met	Not Met
Overall satisfaction of your stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall exterior appearance of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall appearance /condition of inside of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team member(s) who were exceptionally helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you needed additional rehabilitation on a short term basis, would you return to our facility?  
YES NO If No, please tell us why:

#### SERVICE OF FACILITY STAFF

Overall service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitudes and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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\_\_\_\_\_  
\_\_\_\_\_  
Comments:\_\_\_\_\_

#### GUEST ROOM/GUEST BATH

Overall cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed/pillow comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of bedspread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television/phone/remote control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioning/heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower room cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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\_\_\_\_\_  
Guest name\_\_\_\_\_

#### FOOD QUALITY

Food quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of dietary staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining room cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Phone#\_\_\_\_\_

Dates of stay\_\_\_\_\_

Room #\_\_\_\_\_