

**COMMUNITY BASED RESIDENTIAL FACILITY (CBRF)  
RESIDENT SATISFACTION EVALUATION**

Wisconsin Administrative Code, DHS 83.35(4), requires that at least **annually**, the CBRF shall provide the resident and the resident's legal representative the opportunity to complete an evaluation of the resident's level of satisfaction with the CBRF's services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department.

The resident satisfaction evaluation will be maintained in the resident record as required by DHS 83.42(1)(i).

Name - Facility

Name - Resident

Date Form Completed

1. All facilities must provide or make available to residents certain services. From the following list, please check the services you receive:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Supervision                       | <input type="checkbox"/> Help in communication         | <input type="checkbox"/> Access to medical services           |
| <input type="checkbox"/> Leisure time activities           | <input type="checkbox"/> Assistance in decision-making | <input type="checkbox"/> Limited nursing services             |
| <input type="checkbox"/> Family contacts                   | <input type="checkbox"/> Information and Referral      | <input type="checkbox"/> Help with independent living skills  |
| <input type="checkbox"/> Health monitoring                 | <input type="checkbox"/> Activities in the community   | <input type="checkbox"/> Opportunity to socialize with others |
| <input type="checkbox"/> Medication monitoring/supervision | <input type="checkbox"/> Transportation                | <input type="checkbox"/> Transition services                  |
| <input type="checkbox"/> Help with personal care           |  |   |

List any other services you receive that are not included in the above list:

List other services or activities that you feel you need but are **NOT** provided or arranged by the CBRF.

2. Overall, I am satisfied with the services provided by this facility.

- Yes     Somewhat     No     Don't Know    Comments:

3. The care I receive is the kind of care I desire.

- Yes     Somewhat     No     Don't Know    Comments:

4. The facility meets my treatment preferences (choice of doctors, pharmacy, etc.)

- Yes     Somewhat     No     Don't Know    Comments:

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5. The facility meets my preferences for services (I receive the services I need or want).

Yes     Somewhat     No     Don't Know    Comments:

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6. The facility offers a variety of activities for me to choose from.

Yes     Somewhat     No     Don't Know

List activities in which you take part and how often you participate.

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List any activities you would like to have but which are not available.

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7. There appears to be enough staff on duty at all times to meet my needs as well as those of other residents.

Yes     Somewhat     No     Don't Know    Comments:

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8. Staff members appear to know what their responsibilities are.

Yes     Somewhat     No     Don't Know    Comments:

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9. I am treated respectfully at all times.

Yes     Somewhat     No     Don't Know    Comments:

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10. My rights have been explained to me.

Yes     Somewhat     No     Don't Know    Comments:

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11. I feel that my rights are being protected.

Yes     Somewhat     No     Don't Know    Comments:

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12. The food served ...

... **is of good quality**                       Yes     No     Don't Know

Comments:

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... **meets my nutritional needs**                       Yes     No     Don't Know

Comments:

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... **is prepared well**                       Yes     No     Don't Know

Comments:

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... **tastes good**                       Yes     No     Don't Know

Comments:

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... **is always enough**                       Yes     No     Don't Know

Comments:

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... **is of a wide variety**                       Yes     No     Don't Know Know

Comments:

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... **hot foods are served hot and cold foods are served cold**     Yes     No     Don't Know

Comments:

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13. My room is comfortable and meets my needs.

Yes     Somewhat     No     Don't Know    Comments:

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14. The furnishings in my room are kept in good repair.

Yes     Somewhat     No     Don't Know    Comments:

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15. My room, as well as the rest of the facility, is kept neat and clean.

Yes     Somewhat     No     Don't Know    Comments:

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16. I feel safe and comfortable here.

Yes     Somewhat     No     Don't Know    Comments:

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17. People respect my privacy.

Yes     Somewhat     No     Don't Know    Comments:

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