1. At which community did you or your family member reside? ________________________________

2. How long were you or your family member a resident of our community?

   - a. Less than 6 months  
   - b. Less than a year  
   - c. More than a year  
   - d. More than two years

3. What was the reason for your or your family member’s move-out?
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

4. What was your satisfaction level regarding the property and personnel?

   - a. Excellent  
   - b. Very Good  
   - c. Good  
   - d. Fair  
   - e. Poor

5. If you answered Fair or Poor in question 4, please provide a description of your concern:
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

   a. Was this issue discussed with any staff member at the property? If so, who and when?
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

   b. Were there changes made regarding your concerns?
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

6. If you answered Good to Excellent, how likely are you to recommend this community to a friend, colleague, or additional family member?

   - a. Very possible  
   - b. Possible  
   - c. Not likely

7. Is there anything else you would like to comment on regarding the property, personnel, or services?
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

If you wish to be contacted by At Home Care Group staff, please write your name and phone number in the space provided and we will contact you as soon as possible. Thank you for your participation.

Name: ______________________________ Phone Number: _________________________ Record Number: ___________