



Eden Alternative Warmth Survey - Elder Questionnaire

Please take a moment to complete the following form and return it to us. Your input is extremely valuable and will be appreciated. Data from this survey will be used to evaluate the services we provide to you. Thank you for your assistance. Please answer according to the following key:

SA = Strongly Agree A = Agree N = Neutral D = Disagree SD = Strongly Disagree

	SA	A	N	D	SD
1. I participate in decision-making about my life.					
2. The administrator knows my name.					
3. The employees care about me.					
4. I feel safe.					
5. The employees are well-trained and know what they are doing.					
6. I am lonely.					
7. I rarely see the administrator.					
8. I trust my physician.					
9. I can choose what I want to eat.					
10. I can get up and go to bed when I choose.					
11. The home/community is clean.					
12. My room/apartment/suite is home to me.					
13. I am comfortable bringing my concerns to an employee.					
14. I feel helpless at times.					
15. I enjoy my bathing time.					
16. I feel my privacy is respected.					
17. Employees are respectful of me.					
18. I am bored.					
19. Employees take time to talk and listen to me.					
20. I am happy here.					