

Resident and Family Survey Results Tracker

<u>Survey Question:</u>									
1. How involved are you in decisions about your medications?	a)	b)	c)	d)	e)				
2. Do you know what your medications are? Do you know what they are used for?	a)	b)	c)	d)					
3. Are you involved as much as you want to be in decisions about your medications?	a)	b)	c)	d)					
4. Are you comfortable with your medications?	a)	b)							
5. How do you feel after taking your medications?	a)	b)	c)	d)	e)	f) Describe:			
6. On a scale of 1-5, how sure do you feel that the medication management system in your home is safe?	a)	b)	c)	d)	e)				
7. Do you feel you are kept informed of your medications and changes?	a)	b)	c)	d)					
8. When you raise a concern about your medication to any staff, what happens?	a)	b)	c)	d)	e)	f)			
9. How much do you know about your medications?	a)	b)	c)	d)	e)				