



# Nurse Visit Feedback Survey

Thank you for taking a moment to complete this review of your recent nurse visit. Your taking the time to complete this form helps us to improve and better meet your needs and meet the legal requirements of a nursing pool license.

Rate the following items on a scale of 1 to 5, with 1 meaning “strongly disagree” and 5 meaning “strongly agree”

Nurse's Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Nurse Delegator was friendly and courteous with the AFH staff and resident  
Comments:

1	2	3	4	5	NA
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Explanations and instructions for tasks were easily understood.  
Comments:

1	2	3	4	5	NA
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Review of Medication Administration for resident was completed.  
Comments:

1	2	3	4	5	NA
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An adequate amount of time was given for review and updates of residents.  
Comments:

1	2	3	4	5	NA
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Nurse addressed your questions and concerns.  
Comments:

1	2	3	4	5	NA
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Paperwork was received in a timely manner  
Comment:

1	2	3	4	5	NA
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Nurse was respectful of AFH and expressed a desire to support AFH  
Comment:

1	2	3	4	5	NA
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The office staff was supportive, and the scheduling process was smooth

1	2	3	4	5	NA
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Do you have other comments / concerns or questions for IITRN?

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### Optional Information:

Name: \_\_\_\_\_ AFH/ Agency \_\_\_\_\_