

# NATIONAL NURSING HOME EXPERIENCE SURVEY QUESTIONNAIRE



Help us make nursing home care better!

## What is the survey about?

The National Nursing Home Experience Survey aims to capture the experiences of nursing home residents and also the experiences of their nominated family member/friend. As a family member or friend of the resident, you are invited to share your own experiences of the nursing home (named in the accompanying letter) by taking part in this postal survey. Nursing home residents from each participating nursing home are also invited to tell us about their experience by taking part in a face-to-face interview. The results of the survey will be used to improve the care provided to nursing home residents.

## Why did I get this questionnaire?

You got this questionnaire because you are the nominated family member or friend of a resident in a participating nursing home in Ireland.

## Can I do the questionnaire online?

Yes, please go to [survey.youexperience.ie](http://survey.youexperience.ie) to complete the survey online.

## Can I ask someone to help me fill in the survey?

Yes, you may wish to fill the survey with someone else to help you answer some of the questions or you may pass the survey onto the person who knows most about the care provided to your family member or friend in the nursing home.

Thank you for completing the survey. If you have any questions about the survey, please call our Freephone number on 1800 314 093 (Monday-Friday, 9am-5pm), visit [www.youexperience.ie](http://www.youexperience.ie) or email us at [info@youexperience.ie](mailto:info@youexperience.ie).

To formally opt out of this survey, call the Freephone number on **1800 314 093** or go to our website [www.youexperience.ie](http://www.youexperience.ie).

**Your answers will remain anonymous and confidential.**

**Your feedback will not affect the care your friend or relative receives in any way.**

**Survey Code:**

We're committed to excellence in healthcare



An Roinn Sláinte  
Department of Health

## Completing the questionnaire

- As you go through the questionnaire, please follow the instructions and answer the questions by ticking the most appropriate box or boxes like this  using a black or a blue pen.
- Do not worry if you make a mistake; simply fill in the box  and put a tick  in the correct box.
- **There is space at the end of the questionnaire for your written comments.**
- **Please do not write your name or address anywhere on the questionnaire.**
- If the questionnaire raises issues that you feel you would benefit from talking through, please contact one of the advocacy support services below for further support, advice and information.
  - **Sage Advocacy:** please email [info@sageadvocacy.ie](mailto:info@sageadvocacy.ie), phone 0818 719 400 or go to [www.sageadvocacy.ie](http://www.sageadvocacy.ie)
  - **Patient Advocacy Service:** please email [info@patientadvocacyservice.ie](mailto:info@patientadvocacyservice.ie), phone 0818 293003 or go to [www.patientadvocacyservice.ie](http://www.patientadvocacyservice.ie)
- Sage Advocacy's Family Forum provides information, support and advocacy to nursing home residents and their families. You can contact the Family Forum by email: [familyforum@sageadvocacy.ie](mailto:familyforum@sageadvocacy.ie)

Thank you for completing the survey.

## 1. Your experiences with the nursing home

The following section asks you about your overall experiences with the nursing home.

**Q1. Is the nursing home a homely place to live?**

(For example, it is a comfortable and relaxing place for your relative or friend to live?)

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No

**Q2. Are you as involved as you would like to be in decisions about the care and support your relative or friend receives, if they want you to be involved?**

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> My relative/friend does not want me to be involved

**Q3. Are your relative's or friend's plans and wishes for the future listened to and supported?**

(For example: in terms of managing their personal, financial, family affairs, care planning for the future, end of life care, etc.)

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q4. Overall, do you have confidence and trust in the staff who care for your relative or friend in the nursing home?**

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q5. Overall, do you feel your relative or friend is treated with respect and dignity by the staff who care for them?**

(For example, their rights are upheld, they are treated with compassion, and they are valued)

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q6. Does your relative or friend have enough privacy in the nursing home?**

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q7. Are your relative's or friend's dietary needs and choices taken into account in the food provided?**

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q8. Do staff in the nursing home keep your relative or friend safe and protect them from harm?**

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Don't know

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**Q9. Do you know who to contact in the nursing home if you have any questions about your relative or friend?**

- <sup>1</sup> Yes
- <sup>2</sup> No

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**Q10. If you need to get information from the nursing home, do you receive it in a timely manner?**

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> I haven't requested information from the nursing home

## 2. Moving into the nursing home

The following section asks about your experience at the time your relative or friend moved into the nursing home.

**Q11. Before your relative or friend moved in, did you receive enough information about the nursing home?**

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Don't know/can't remember

## 3. Your experience of caregivers and staff in the nursing home

The following section asks you about your experiences with staff in the nursing home.

**Q12. Are the staff in the nursing home knowledgeable about the care and support your relative or friend needs?**

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Don't know

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**Q13. If there is a change to your relative's or friend's condition, does the nursing home keep you updated?**

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Don't know

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**Q14. Do staff in the nursing home support the emotional wellbeing of your relative or friend?**

**(For example, is there a staff member your relative or friend can talk to about any worries and fears?)**

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> They do not need support with this

## 4. Spending time in the nursing home

The following section asks about your experiences when you visit your relative or friend in the nursing home, and how they spend their time there.

**Q15. Does your relative or friend get to decide how they spend their day?**

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q16. Is your relative or friend supported to take part in activities that interest them?**

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q17. When national restrictions are not in place (such as those relating to Covid-19), does the nursing home offer enough opportunities for family and friends to visit residents?**

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q18. Besides visits, are you enabled to stay in contact with your relative or friend?**

(For example, can they leave the home to meet you, can you get in touch through the post, the telephone or digital technologies including video calls?)

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No

**Q19. When you visit your relative or friend, can you find a place to talk to them in private, other than their bedroom?**

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know
- <sup>5</sup> I have not been able to visit

**Q20. When you visit, are you made to feel welcome by staff?**

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> I have not been able to visit

**Q21. When national restrictions are not in place (such as those relating to Covid-19), are you able to join your relative or friend in marking special occasions or milestones?**

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Not relevant to my situation

## 5. The living environment in the nursing home

The following section asks you about what you think about your relative's or friend's living environment.

**Q22.** In your opinion, how clean is the nursing home?

- <sup>1</sup> Very clean
- <sup>2</sup> Fairly clean
- <sup>3</sup> Not very clean
- <sup>4</sup> Not at all clean
- <sup>5</sup> Don't know

**Q23.** If they have the capacity, does your relative or friend have as much control as they wish over their personal finances?

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> They do not have the capacity

**Q24.** Are your relative's or friend's belongings and personal items safe in the nursing home?

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Don't know

## 6. Person-centred care

The following section asks about the care your relative or friend receives in the nursing home.

**Q25.** Does your relative or friend receive help when they need it in carrying out daily routines?

(For example, eating their meals, getting dressed, using the bathroom, etc.)

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> They don't require any help

**Q26.** Can your relative or friend choose how they carry out their daily routines?

(For example, when and where they eat their meals, what they wear, when they rest and when they engage in activities)

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q27.** Do the staff support your relative or friend in practicing their religious or spiritual needs (things like talking, praying, quiet time or access to a religious or spiritual leader)?

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Not relevant

**Q28.** Is your relative or friend encouraged to be as independent as they are able to be?

(For example, moving freely around the nursing home or leaving the home if they want to).

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q29.** Do you know how to contact organisations that can support your relative or friend to express their views and wishes, and to help them to assert their rights?

(For example, the Patient Advocacy Service, Sage Advocacy or Age Action Ireland)

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> Not relevant to my situation

**Q30.** If you wish to give feedback or make a complaint about the care provided in the nursing home, do you know how to do so?

- <sup>1</sup> Yes
- <sup>2</sup> No

**Q31.** If you have ever made a complaint, did the staff respond to it promptly and appropriately?

- <sup>1</sup> Yes
- <sup>2</sup> No
- <sup>3</sup> I have not needed to make a complaint

## 7. Food and nutrition

The following section asks about food and nutrition in the nursing home.

**Q32.** Is your relative or friend offered a choice of food?

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q33.** Does your relative or friend get enough help from staff to eat their meals?

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> My relative/friend does not need support to eat meals
- <sup>5</sup> Don't know

**Q34.** Does your relative or friend get enough water to drink in the nursing home?

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

**Q35.** Can your relative or friend get snacks outside of mealtimes if they want to?

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> Don't know

## 8. Overall

The following section includes a single question asking you to rate your overall experience of the nursing home.

**Q36. Overall, how would you rate your experience of this nursing home? Select a number between 0 (very poor experience) and 10 (very good experience). (Please circle a number)**

Very poor  
experience

Very good  
experience

0 1 2 3 4 5 6 7 8 9 10

## 9. About your relative or friend

The following section asks for some general information about your relative or friend.

**Q37. In total, about how long has your relative or friend lived in this nursing home?**

- 1 Less than 6 months
- 2 6 months to less than 1 year
- 3 More than 1 year, but less than 2 years
- 4 More than 2 years but less than 5 years
- 5 More than 5 years
- 6 Don't know

**Q38. Why does your relative or friend live in this nursing home? (Tick all that apply)**

- 1 Because he/she can no longer live independently
- 2 Because of severe memory problems or dementia
- 3 Because of behavioural problems
- 4 Due to physical limitations or impairment
- 5 Due to chronic illness
- 6 After hospitalisation or surgery
- 7 After an accident
- 8 For recovery or rehabilitation
- 9 Because of sensory impairment (hearing, visual impairment)
- 10 Due to intellectual disability or impairment
- 11 Due to psychosocial issues (loneliness, depression, anxiety)
- 12 Due to a terminal phase of a disease or condition
- 13 Other:

**Q39. In what year was your relative or friend born?**

(Please write in)

e.g.

1

2 Don't know



**Q40.** Does your relative or friend share a bedroom with another person in this nursing home? (For example, a multi-occupancy room)

- <sup>1</sup> Yes
- <sup>2</sup> No

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**Q41.** Please could you indicate which ethnic group your relative or friend belongs to:

White:

- <sup>1</sup> Irish
- <sup>2</sup> Irish Traveller
- <sup>3</sup> Any other white background

Black or Black Irish:

- <sup>4</sup> African
- <sup>5</sup> Any other black background

Asian or Asian Irish:

- <sup>6</sup> Chinese
- <sup>7</sup> Indian/Pakistani/Bangladeshi
- <sup>8</sup> Another Asian background

Other, including mixed group/background:

- <sup>9</sup> Arabian
- <sup>10</sup> Mixed, please specify

- <sup>11</sup> Other, please write their ethnic group here:

- <sup>12</sup> Prefer not to say

## 10. About you

The following section asks for some general information about you.

**Q42.** What is your relationship to the resident?

- <sup>1</sup> Husband / Civil Partner /Partner
- <sup>2</sup> Wife / Civil Partner /Partner
- <sup>3</sup> Son / Daughter
- <sup>4</sup> Brother / Sister
- <sup>5</sup> Son in Law / Daughter in law
- <sup>6</sup> Parent
- <sup>7</sup> Other relative
- <sup>8</sup> Friend
- <sup>9</sup> Neighbour
- <sup>10</sup> Staff in care home
- <sup>11</sup> Other:

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**Q43.** Are you:

- <sup>1</sup> Male
- <sup>2</sup> Female
- <sup>3</sup> Other
- <sup>4</sup> Prefer not to say

**Q44. In what year were you born?**

**(Please write in)**

e.g. 

1	9	6	1
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Y	Y	Y	Y
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Prefer not to say

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**Q45. Please could you indicate which ethnic group you belong to:**

White:

- Irish
- Irish Traveller
- Any other white background

Black or Black Irish:

- African
- Any other black background

Asian or Asian Irish:

- Chinese
- Indian/Pakistani/Bangladeshi
- Another Asian background

Other, including mixed group/background:

- Arabian
- Mixed, please specify

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- Other, please write your ethnic group here:

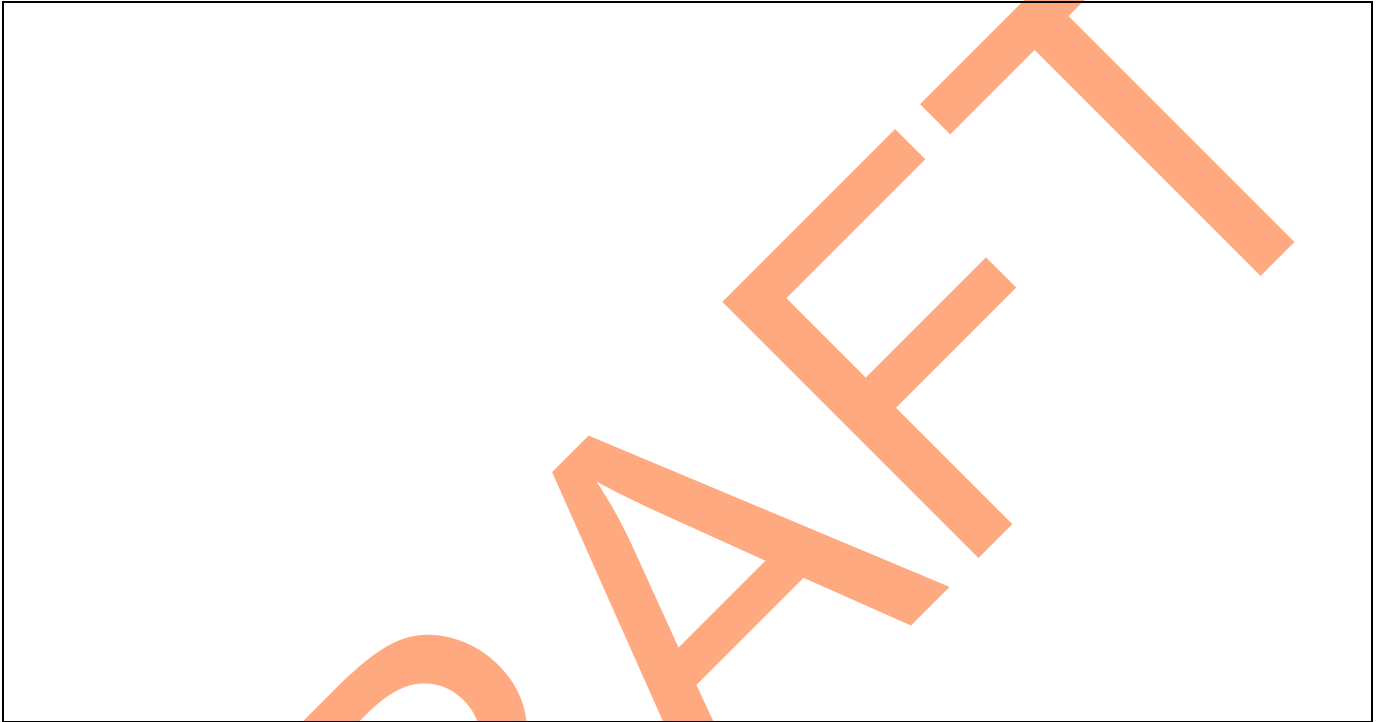
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Prefer not to say

## 11. Free-text responses

The following section allows you to tell us in your own words anything further about your experiences with the nursing home.

**Q46. Overall, is there anything particularly good about the care in the nursing home?**



**Q47. Is there anything that could be improved?**



**Q48. Do you have any comments about how the COVID-19 pandemic affected the care provided to residents or your overall experience with the nursing home during that period?**



**Q49. Do you have any other comments or suggestions?**



**We appreciate and value the time you have taken to share your thoughts and experiences with us.**

**Thank you.**