

OMB #: 0938-TBD
Expires: TBD

CoreQ Short Stay Discharge Questionnaire

2023

Questionnaire Instructions: Answer all the questions by checking the box to the left of your answer.

1. In recommending this facility to your friends and family, how would you rate it overall?

☐ 1 Poor

☐ 2 Average

☐ 3 Good

☐ 4 Very Good

☐ 5 Excellent

2. Overall, how would you rate the staff?

☐ 1 Poor

☐ 2 Average

☐ 3 Good

☐ 4 Very Good

☐ 5 Excellent

3. How would you rate the care you received?

☐ 1 Poor

☐ 2 Average

☐ 3 Good

☐ 4 Very Good

☐ 5 Excellent

4. How would you rate how well your discharge needs were met?

☐ 1 Poor

☐ 2 Average

☐ 3 Good

☐ 4 Very Good

☐ 5 Excellent

5. Did someone help you complete the survey?

☐ 1 Yes

☐ 2 No

6. How did that person help you (check all that apply)?

☐ 1 Read the questions to me

☐ 2 Wrote down the answers I gave

☐ 3 Answered the questions for me

☐ 4 Translated the questions into my language

☐ 5 Helped in some other way (please print)

Thank you!

**Please return the completed questionnaire
in the postage-paid envelope.**