

# Feedback Questionnaire about Your Experience

## EXAMPLE FORM

This document is an example of a feedback questionnaire that is given to providers when HRD does an on-site visit as part of an evaluation or investigation. It is being posted for reference only and is not intended to be submitted.

The Minnesota Department of Health (MDH) and the Health Regulation Division (HRD) values your feedback about your experience during the survey/evaluation or investigative process. This questionnaire supports MDH'S culture of learning and collaborative safety by providing opportunities for facilities and providers to give MDH their perspectives about MDH's procedures, how MDH representatives communicated and whether the facilities and providers felt heard.

Please fill out this anonymous questionnaire and it will go to the Planning and Partnership Office in the Health Regulation Division. Your feedback is important to MDH and your perspective will help identify ways for us to improve our procedures and communication. In addition, the summarized anonymous data from all feedback questionnaires received will be made available on the HRD Website. If you want to discuss any of your responses further, please contact [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) in the Planning and Partnership Office or call 651-201-5952.

**Note:** If you have specific concerns about an individual MDH Employee, we invite you to bring those concerns to the supervisor or operations manager of the employee. This form is for more general feedback.

## Basic Information

1. Is this about a licensure survey/evaluation or complaint investigation?
  - Survey/Evaluation
  - Complaint Investigation
  - Don't Know
2. What type of facility?
  - Assisted Living Facility
  - Nursing Home
  - Home Care
  - Other

## Questions

1. During the entrance conference, MDH staff helped you understand the process and respectfully answered your questions.
  - a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

Optional: Describe your experience: \_\_\_\_\_

2. During the entrance conference, you were provided with information regarding who to contact during the survey/evaluation or investigation if you had questions about the process.
  - a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly disagree

Optional: Describe your experience: \_\_\_\_\_

3. MDH staff treated the residents and visitors with respect and dignity. (People felt heard, understood, respected and valued)
  - a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

Optional: Describe your experience: \_\_\_\_\_

4. MDH staff treated the facility staff with respect and dignity. (People felt heard, understood, respected and valued).
  - a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

Optional: Describe your experience: \_\_\_\_\_

5. You were provided opportunities to submit additional information or documentation during the survey/evaluation or investigation.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

HRD PROVIDER ON-SITE VISIT FEEDBACK QUESTIONNAIRE

Optional: Describe your experience: \_\_\_\_\_

6. MDH Staff demonstrated their knowledge about the regulatory legal requirements.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

Optional: Describe your experience: \_\_\_\_\_

7. Describe how MDH staff can improve the survey/evaluation or investigative process. Are there areas of concern that you want to share? \_\_\_\_\_

\_\_\_\_\_

8. Describe what went well during the survey/evaluation or investigation. Are there areas of positive feedback that you want to share? \_\_\_\_\_

\_\_\_\_\_

**Thank you for taking the time to complete the questionnaire!**

Minnesota Department of Health  
Health Regulation Division  
Planning and Partnership Office  
[www.health.state.mn.us](http://www.health.state.mn.us)

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To obtain this information in a different format, call: 651-201-4200.