**Tracking Sheet - Resident Quality of Life Survey**

*Name of Personal Care Home:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Resident Survey ID  # | Room#/bed # | Resident Initials | Date (s) Approached | D-Declined to Participate  C-Completed  PC-Partially Completed | Survey Entered Electronically (date) | Comments  (include reason for partial completion or decline) |
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