

Staff Survey - Elder Care

Please fill out your overall observations regarding your resident's experience using Elequil Aromatabs® aromatherapy:

| 1. | What behaviors were monitored when using Elequil Aromatabs? |
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| | \square Agitation \square Yelling \square Hitting staff \square Profanity \square Combative |
| | ☐ Threatening others ☐ Sun-downing ☐ Other |
| 2. | Did any of the behaviors change with the use of Elequil Aromatabs? Please explain: |
| | |
| 3. | Did Elequil Aromatabs help to (check all that apply) |
| ა. | Relax or comfort the residents |
| | |
| | ☐ Relax resident to help promote sleep |
| | ☐ Appear to increase the residents' mood |
| | ☐ Make my job easier with the residents |
| | □ Other |
| | |
| 4. | Did the family members notice an overall difference in their loved one? |
| | ☐ Positive difference ☐ Negative difference ☐ No difference ☐ Family was not present |
| 5. | How did the resident using Elequil Aromatabs interact with the other residents during this time? |
| | ☐ Positive difference ☐ Negative difference ☐ No difference |
| 6. | Would you like to see Elequil Aromatabs used as a tool in your "tool box" to have on hand at your center? ☐ Yes ☐ No ☐ Unsure |
| | |



For facility use only; do not return results to Beekley Medical®.