



CARE AND SERVICE SURVEY

Please the box that best describes your satisfaction

		Excellent	Very Good	Good	Fair	Poor
Orientation to Home Care Services		5	4	3	2	1
1.	Staff delivered/explained your Patient's Bill of Rights. (located in handout)					
2.	Staff explained the services you would receive.					
3.	You were satisfied with the services you received.					
Instruction		5	4	3	2	1
4.	You were given clear instruction regarding how to contact this agency after hours.					
5.	Staff offered you the opportunity to participate in your care. (Advance Directives – located in handout)					
6.	You received instruction that prepared you to manage your care after admission, until the next scheduled visit.					
7.	Staff helped you to learn home safety measures that were essential to your care. (located in handout)					
Patient/Client Dignity and Privacy		5	4	3	2	1
8.	You were satisfied with agency staff members.					
9.	Staff treated you respectfully and protected your privacy.					
Schedule and Timing of Services		5	4	3	2	1
10.	Staff arrived at your home at the agreed upon time.					
11.	Services began when needed.					
Needs Met in a Timely Manner		5	4	3	2	1

1	Equipment was delivered timely. (if applicable)					
2.						
	Overall	YES	NO			
1	You would recommend this agency to others.					
3.						
1	You will call this agency if you should need these services again.					
4.						

Additional comments/suggestions or specific complaints:
