

CLIENT SATISFACTION SURVEY

We would like to hear all about your recent experience with our company. Please take a moment to think about the caregivers, the supervisors, and the people on the phone with whom you have had contact.

1. How long have you been receiving service? *(please check one)*

- 0 - 3 months
 3 - 6 months
 6 - 12 months
 1 - 2 years
 More than 2 years

2. Service received *(check all applicable)*

- Nursing
 Home Health Aide
 Physical Therapy
 Speech Therapy
 Homemaker
 PCA Services
 Occupational Therapy
 Medical Social Services

Please circle the number that corresponds with your evaluation

	5	4	3	2	1
	Always	Usually	Frequently	Sometimes	Rarely

3. When you had contact with us in person or via the telephone:

- | | | | | | |
|--|---|---|---|---|---|
| a. Were your questions and concerns answered adequately? | 5 | 4 | 3 | 2 | 1 |
| b. Did we listen, show interest and genuine concern for you? | 5 | 4 | 3 | 2 | 1 |
| c. Were telephone calls answered promptly? | 5 | 4 | 3 | 2 | 1 |

4. When our caregiver(s) was in your home:

- | | | | | | |
|--|---|---|---|---|---|
| a. Were you treated with compassion and concern? | 5 | 4 | 3 | 2 | 1 |
| b. Were your needs met to your satisfaction? | 5 | 4 | 3 | 2 | 1 |
| c. Was our caregiver prompt and dependable? | 5 | 4 | 3 | 2 | 1 |
| d. Did you feel secure and confident in our ability to care for you? | 5 | 4 | 3 | 2 | 1 |

5. When you started services or received our bill:

- | | | | | | | |
|--|---------|---|---|---|---|---|
| a. Were you able to contact the appropriate person on the phone? | ___ N/A | 5 | 4 | 3 | 2 | 1 |
| b. Were our charges clearly and fully explained? | ___ N/A | 5 | 4 | 3 | 2 | 1 |
| c. Were invoices and statements clear and easy to understand? | ___ N/A | 5 | 4 | 3 | 2 | 1 |
| d. Were our billing department people courteous and helpful? | ___ N/A | 5 | 4 | 3 | 2 | 1 |

6. How would you rate our services overall?

- Excellent
 Above Average
 Average
 Below Average
 Not Acceptable

7. How often would you like an opportunity to evaluate our services?

- 0 - 2 months
 2 - 4 months
 6 - 12 months

8. Comments *(what could we change or improve?)*

Signature *(optional)*: _____ Date: _____

Thank you for the opportunity to serve you and for helping us continually improve.