PARA//EL
home care services

CLIENT SATISFACTION SURVEY

Patient Name _____Date_____

We were privileged to participate in the care of the above client. We are interested rendering quality care to our clients and would appreciate your input by answering the following questions. Your evaluation will allow us to be more responsive to future client/family needs.

1. What services(s) did you receive from the Agency?

_____ Nursing _____Physical Therapy
_____ Occupational Therapy _____Speech Therapy
_____ Home Health Aide _____Medical Social Worker

2. Were you satisfied with the care you received?

_____ Yes _____ No If not, why? _____
_____

3. Did you participate in your plan of care?

_____ Yes _____ No

4. Did you receive and understand your "Bill of Rights" including the toll free "Hotline" number that you could call if any problems were not resolved by the Agency?

_____ Yes _____ No

5. Did the staff visit as frequently as they stated they would when they started your services?

_____ Yes _____ No

6. Did you feel comfortable asking staff questions regarding your health?

_____ Yes _____ No

7. Did the staff person visit at a mutually agreeable time?

_____ Yes _____ No

8. If you had therapy, were exercise instructions given to you in a clear, written manner that you could easily understand?

_____ Yes _____ No _____N/A

9. Did you feel that you were discharged appropriately?

_____ Yes _____ No

10. Would you use the services of the Agency in the future?

_____ Yes _____ No If not, why? _____

Suggestions for improvement:_____

_____

_____