



Company Name

PATIENT SATISFACTION SURVEY

Thank you for allowing our Agency to provide your home care services. In order to continue to strive for the provision of highest quality services possible, we need your input, comments and suggestions.

Please take a few minutes to complete this form and return to one of our staff. Thank you.

1. How satisfied are you with the services you received from the following clinician/personnel:

	Very Satisfied	Satisfied	Dissatisfied	Refuse to Use Again	Did Not Use
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please rate the staff who provided your home health services:

Knowledge of situation	<input type="checkbox"/> Knowledgeable	<input type="checkbox"/> Not Knowledgeable	<input type="checkbox"/> No Opinion
Courteous	<input type="checkbox"/> Courteous	<input type="checkbox"/> Discourteous	<input type="checkbox"/> No Opinion
Appearance	<input type="checkbox"/> Professional	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> No Opinion
Helpful	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful	<input type="checkbox"/> No Opinion

3. Are there services you would like to receive that our Agency does not presently offer?

4. Telephone Assistance to your needs:

	Very Satisfied	Satisfied	Dissatisfied	Refuse to Use Again	Did Not Use
Office Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Providing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you use our services again and/or recommend our services to others? Yes No

Comments:

6. We welcome suggestions on how we can improve our services:

Completed by (optional): _____ Date: _____

Client Friend Family Member Other: _____

If you have any further comments, please feel free to call our agency administrator at _____ .
Thank you.