



CLIENT SATISFACTION SURVEY

1. Has this agency met your expectations? Yes No

Please add comments regarding your assessment of The Home Option In-home care Services below. We would greatly appreciate any detailed description that you could provide. Feel free to attach additional sheets.

2. Has this agency *exceeded* your expectations? Yes No

If so, Please tell us how: _____

3. Please "grade" the performance of your *Caregiver*.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Punctual	A	B	C	D
Courteous	A	B	C	D
Personal Grooming	A	B	C	D
Quality of Work	A	B	C	D
Communication Skills:				
Is she/he friendly?	A	B	C	D
Does she/he listen?	A	B	C	D
Does caregiver honor confidentiality?	A	B	C	D
Does your caregiver follow the care plan?	A	B	C	D

Is there anything about your caregiver that you would change or improve? _____

What more can your caregiver do to help you? _____

4. Please "grade" the performance of the *Office Staff*.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Courteous	A	B	C	D
Efficient	A	B	C	D
Informative/Knowledgeable	A	B	C	D
Prompt (returning calls)	A	B	C	D
Began service quickly	A	B	C	D

Please add any comments: _____

5. Regulations and agency policy require periodic supervisory reviews/calls for our clients. Do you feel the supervisory calls to you are:

Too Much Just Right Not Enough

Does your Care Plan meet your needs? Yes No

Is there anything more you would like our supervisor to do for you? _____

6. Are your statements (bills, invoices) easy to understand?

Yes No Usually

Please comment: _____

We would like to know who completed this form so we can more effectively address any issues you bring to our attention. However, your decision to sign is optional.

Signature: _____
(Optional)

Date: _____

Please use self-addressed, stamped envelope to return your survey.

Thank you for your time.