

JK HOME HEALTHCARE

Client Satisfaction Survey

CLIENT: _____

MONTH OF: _____

THANK YOU! For Allowing JK Home Healthcare To Provide You With Your Recent Home Health Care. Please Take a Moment To Give Us Your Comments Regarding Our Services, Employees and The Quality of Care Provided. We Value Your Feedback and Welcome Any Suggestions You May Have As To How We Can Improve our Services THANK YOU!

A. OFFICE PERSONNEL

Rate your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied
Responsiveness to your needs				
Professionalism				
Telephone Courtesy				
Answering Service Response				
Billing Accuracy				

Comment: _____

B. HEALTH CARE PROVIDER(S)

Rate your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied
Professional Appearance				
Clinical Knowledge/Expertise				
Courtesy				
Communication				
Care Provided/Needs Met				

Comment: _____

C. SERVICES PROVIDED

Rate your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied
Nurse R.N				
Nurse L.P.N				
Home Health Aids				
Homemaker/Companion				
Physical Therapist				
Occupational Therapist				
Speech Therapist				
Registered Dietician				
Respiratory Therapist				
Medical Social Worker				

DO YOU FEEL THAT YOU WERE DISCHARGED APPROPRIATELY? **YES** **NO**

D. DID THE STAFF ARRIVE AS SCHEDULED?

ALWAYS	USUALLY	SOMETIMES	NEVER

E. CLIENT RIGHTS RESPONSIBILITIES

- Were you provided with a copy of your Rights and Responsibilities? YES NO
- Were they explained to you? YES NO

F. WERE YOU AND YOUR FAMILY INVOLVED IN DEVELOPING YOUR PLAN OF CARE?

YES NO

G. WOULD YOU USE THIS AGENCY AGAIN?

YES NO

H. WOULD YOU RECOMMEND US TO OTHERS?

YES NO

I. WERE THERE ANY SERVICES YOU WOULD LIKE THAT WE DID NOT OFFER? YES NO

IF YES, DESCRIBE: _____

J. IF THERE WERE STAFF MEMBERS THAT WERE ESPECIALLY HELPFUL, PLEASE LET US KNOW THEIR NAMES SO THAT WE CAN SHOW THEM OUR APPRECIATION.

K. ADDITIONAL COMMENTS/SUGGESTIONS:

COMPLETED BY: _____

DATE: _____

RELATIONSHIP TO CLIENT: _____

TELEPHONE: MAIL: _____