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| --- |
| *Your agency’s customized introduction may go here or you may attach this survey to a cover letter from your agency. You may move the survey box (below) up on the page, however, you may not alter the font type or size.***How to Return This Survey ~** Complete each section which applies to the care you received from the home care company. Fold this survey so that the company’s address and the pre-paid postage are facing outward. If you do not want your name on your response, you may remove the part of the survey with your name and address. Tape the survey closed and mail it to the home care company. ✂ |

**Client Satisfaction Survey** – Please respond to the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Circle the response which most closely reflects your opinion.  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 1. | My caregivers are identifiable as an employee of *(your home care company)*. | 5 | 4 | 3 | 2 | 1 |
| 2. | My caregivers are neat and clean in appearance. | 5 | 4 | 3 | 2 | 1 |
| 3. | My caregivers come as scheduled. | 5 | 4 | 3 | 2 | 1 |
| 4. | I am notified of any changes in my schedule. | 5 | 4 | 3 | 2 | 1 |
| 5. | My caregivers are able to appropriately perform assigned tasks.. | 5 | 4 | 3 | 2 | 1 |
| 6. | My caregivers show caring behavior towards me. | 5 | 4 | 3 | 2 | 1 |
| 7. | I believe without (*your home care company*) services it would be difficult for me to remain at home. | 5 | 4 | 3 | 2 | 1 |
| 8. | I know how to contact the (*your home care company*) office. | 5 | 4 | 3 | 2 | 1 |
| 9. | Based on your personal experiences with (*your home care company name*) would you recommend us to others? | 5 | 4 | 3 | 2 | 1 |
| 10. | *Custom Question* | 5 | 4 | 3 | 2 | 1 |
| 11. | *Custom Question* | 5 | 4 | 3 | 2 | 1 |
| **Staff Evaluation**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Circle the response to rate the performance of  | Excellent | Above Average | Average | Below Average | Poor | Not Applicable |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 5 | 4 | 3 | 2 | 1 | 0 |
|  | 5 | 4 | 3 | 2 | 1 | 0 |
|  | 5 | 4 | 3 | 2 | 1 | 0 |
|  | 5 | 4 | 3 | 2 | 1 | 0 |

 Tell us of unmet needs you may have or other comments.

 Signature (**Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| In-Home Company NameAddressCity, State, Zip Client’s NameClient’s AddressCity, State, Zip |
| *Your company’s customized promotion or other text can go here.* |
| *Note to Company: In order to fold this flyer properly so that the crease is at the bottom of the mailing panel (to avoid tearing/jamming in the postal scanning equipment), you will need to rotate the text on this bottom panel 180 degrees so that it is upside-down. This can be done either manually by cutting and pasting;*  Agency Must AffixPre Paid PostageHome Care Company NameAddressCity, State, Zip |