

SINCERE CARE AGENCY

PATIENT SATISFACTION SURVEY

Dear Patient/Caregiver:

Date: \_\_\_\_\_

Thank you for allowing Sincere Care Agency to provide care and services to you. The best way for us to continue to keep our patients satisfied is if you would let us know what you like about our services, or what we need to improve. Please take a moment to answer the questions in this survey and return it to us.

How would you rate the quality of service in the following areas?

Rating Key: 1=Very Satisfactory, 2=Satisfactory, 3=Somewhat Satisfactory, 4=Not Satisfactory; (if not satisfied, please explain in the comments section), 5=Not Applicable.

AREA	RATING	COMMENTS
Nursing		
Aide Services		
Physical Therapy		
Occupational Therapy		
Speech Language Pathology		
Social Work		
Nutrition		
Respiratory Therapy		
Equipment/Supplies		
Office Staff		
Billing Staff		
Overall Service		

Are you benefiting from the services provided to you by Sincere Care Agency?

Yes  No, If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any problems with the services provided?  No  Yes, If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Did the Sincere Care Agency Staff schedule their visits with you?

Yes  No

Did the Sincere Care Agency Aides arrive on time?

Yes  No  Not Applicable

Did the Aide meet your needs?  Yes  No, If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you know the name of your Nurse?  Yes  No

Did the Nurse explain everything you needed to know about your care?

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you know how to reach the Nurse?  Yes  No

Did you have any problems with the services provided?  Yes  No

Would you recommend our homecare services to your friends?  Yes  No

We are always trying to improve our services. Do you have any suggestions or comments on how we may serve you better? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your time and comments. We look forward to your reply.

Please call me at \_\_\_\_\_, to discuss any problems or concerns.

\_\_\_\_\_  
Director Patient Services