



**CLIENT SATISFACTION SURVEY: IMPLEMENTED SERVICES**

Macas Home care LLC would appreciate your input in completing this Client Satisfaction Survey, as your feedback will help us to assess and improve the quality of the services that we provide to you. (Note: Your identification information may be withheld, if preferred.)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Date Questionnaire Completed: \_\_\_\_\_

Please tick “Yes” or “No” for the following questions. If a “No” response is ticked, please elaborate on the reason(s) for the “No” rating in the “Comments” section at the end of the questionnaire.

No.	Question	Yes	No
	<b>Organization &amp; Administration</b>		
1.	Did you find us easy to contact?		
2.	Do you feel we responded in a timely manner?		
3.	Did we give you information on the following?		
	– Brochure/other documentation about our services		
	– <i>Service Agreement</i>		
	– Rights & Responsibilities		
	– Contact details & numbers within normal office hours		
	– Contact details & numbers outside normal office hours		
	– Name & number of the Agency Manager/designee		
	– Elder Abuse Hotline Number		
	– Emergency numbers		
4.	Were you introduced to, or made aware of the Home Care Worker(s) assigned to you, prior to commencement of service?		
5.	Do you feel your needs/wants are being met & are being provided, in accordance with what was agreed upon?		
	<b>Service Delivery</b>		
6.	Was a personal <i>Service Plan</i> developed & implemented?		
7.	Were you/your representative involved in developing the Service Plan?		
8.	Do you feel you are cared for in a respectful & nondiscriminatory way?		
9.	How many Home Care Workers are usually involved in your care?		
10.	Does your Home Care Worker(s) show up for work on time?		
11.	Does your Home Care Worker(s) stay for the specified time?		
12.	Does your Home Care Worker(s) provide all the care and services that we agreed to provide for you?		
13.	Does a Supervisor regularly make a home visit?		
14.	Are you notified in advance if your Home Care Worker is going to be changed?		



No.	Question	Yes	No
15.	Is there anything that concerns you about your Home Care Worker(s)?		
16.	Were you advised who would be supervising your Home Care Worker(s)?		
17.	Are you notified in advance if your regular services must be rescheduled?		
18.	Were you advised who you/your representative/family may contact should you wish to speak to the Agency Manager or Supervisor?		
19.	Were you advised that we may employ both male & female workers?		
20.	Were you asked if you prefer a male or female worker?		
21.	Is your normal daily routine followed as much as possible within the provision of personal care such as getting up, meal times & bathing arrangements?		
22.	Do you find us to be? – friendly – considerate – polite – respectful – honest – believable – prompt – dependable – efficient – approachable		
	<b>Financial Matters</b>		
23.	Do Home Care Workers shop and/or handle money for you?		
24.	If Home Care Worker(s) shop and/or handle money for you, do they always return the change and receipt(s)?		
25.	If Home Care Worker(s) return change and receipts to you, do you both sign the <i>Financial Transactions Record</i> ?		
26.	Do Home Care Workers have you sign their <i>Employee Time Sheet</i> after each visit?		
	<b>Evaluation</b>		
27.	Do you feel we have the required knowledge & skills to deliver service?		
28.	Is there anything you don't like about our service?		
29.	Have you any suggestions for ways we can improve our service?		
30.	Would you use our services in the future?		
31.	Would you recommend us to others?		
32.	How would you rate the overall quality of service you receive? Poor ___ Fair ___ Good ___ Excellent ___		
33.	How would you rate the Home Care Worker(s) treatment of you? Poor ___ Fair ___ Good ___ Excellent ___		
34.	How would you rate the amount of Supervision services being provided to you?		

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No.	Question	Yes	No
	Poor ___ Fair ___ Good ___ Excellent ___		
34.	How do you view the quality of service to its cost? Poor ___ Fair ___ Good ___ Excellent ___		
35	Other:		

Comments

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