

***Satisfaction Survey***

To help us maintain the highest quality of care to our patients, we would appreciate your response to the following questions. **(Please circle your answer.)**

Question	Very Poor	Poor	Fair	Good	Very Good	NA
1. Helpfulness of the person who answered the phone during the day.	1	2	3	4	5	
2. Helpfulness of the person who answered the phone after hours and on weekends and holidays	1	2	3	4	5	
3. How well office staff handled your request to change nurse or aide	1	2	3	4	5	
4. How well the RN Case Manager informed you about your care plan/services you were to receive	1	2	3	4	5	
5. How well billing and payment questions were handled	1	2	3	4	5	
6. How well office staff dealt with problems and complaints	1	2	3	4	5	
7. Friendliness of the aides that visited you	1	2	3	4	5	
8. Degree of involvement you and your family have had in planning your home care	1	2	3	4	5	
9. Aides concern for your comfort while treating or caring for you	1	2	3	4	5	
10. Helpfulness of the person who coordinated your services	1	2	3	4	5	
11. How well do the services provided by Atlantic Private Care meet your expectations for the care you feel you need?	1	2	3	4	5	
12. How well has APC addressed your safety needs in the home?	1	2	3	4	5	
13. Skill of the Certified Home Health Aides who cared for you.	1	2	3	4	5	
14. Was your financial liability explained to you or your family? (circle one)	Yes	No				
15. How well would you rate the care provided by the physical therapist	1	2	3	4	5	
16. Skill of the nurses who cared for you	1	2	3	4	5	
17. Friendliness of the nurses who visited you	1	2	3	4	5	
18. What is the likelihood you will refer others to use the services of Atlantic Private Care?	1	2	3	4	5	

Who completed this Survey? (circle)    Patient    Relative    Friend    Other: \_\_\_\_\_

Patient's Name: (Optional) \_\_\_\_\_ Date: \_\_\_\_\_

Months/Years on Service \_\_\_ < 3months \_\_\_ 3 –6 Months \_\_\_ >6months \_\_\_ >1 year

What can Atlantic Private Care do to increase patient safety? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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