



CLIENT SATISFACTION SURVEY

Client: _____

Date: _____

Caregiver: _____

Please “grade” the performance of your Caregiver. Please circle that best describes your caregiver’s performance.

	Excellent	Good	Fair	Poor
<u>Professionalism</u>				
Has your caregiver behavior been professional?	A	B	C	D
Has your caregiver been courteous?	A	B	C	D
Has your caregiver’s behave been professional manner when dealing with your physician and other medical staff?	A	B	C	D
Has your caregiver dressed in a professional manner during working hours?	A	B	C	D
Has your caregiver respected you by turning their cell phone off during working hours?	A	B	C	D
<u>Privacy</u>				
Has your caregiver respected your privacy?	A	B	C	D
<u>Caregiving Abilities</u>				
Has your caregiver shown his/her abilities in care giving?	A	B	C	D
Did you feel your caregiver was experienced in this field?	A	B	C	D
Did your caregiver treat you with respect while caring for your needs?	A	B	C	D
Did your caregiver fulfill all your needs?	A	B	C	D
<u>Communication Skills</u>				
Was your caregiver’s accent easy to understand?	A	B	C	D
Did he/she understand when you explained their duties?	A	B	C	D
Did your caregiver follow through with what you asked them to do?	A	B	C	D

2. Is there anything about your caregiver that you would change or improve?

3. What more could your caregiver do to help you?

4. What were the things you liked about your caregiver?

5. Were you satisfied with the job of the Care Manager assigned to your case?

6. Has Home Care Angels, Inc. met all your expectations?

Thank you for filling out this Client Satisfaction Survey please return this to Home Care Angels, Inc. in the enclosed stamped self-addressed envelope.

Thank you for your time and consideration

Client Signature: _____

Date: _____

Thank you for Choosing Home Care Angels, Inc.